

ALABAMA

RANKING: 20

Alabama continues to make significant progress in protecting women from the harms inherent in abortion. Notably, in 2013, Alabama enacted laws requiring abortion clinics to meet the same patient care standards as facilities performing other outpatient surgeries and mandating that a physician examine a woman before providing abortion-inducing drugs.

Abortion:

- Alabama bans most abortions at or after 5-months (*i.e.*, 20-weeks) on the basis of pain experienced by unborn children.
- Alabama requires that a woman be given a 24-hour reflection period before a physician may perform an abortion and requires that she be informed of the risks of and alternatives to abortion, the probable gestational age of her unborn child, and the probable anatomical and physiological characteristics of the child at that stage of development.
- Alabama also requires an abortion provider to perform an ultrasound prior to an abortion and to provide the woman with an opportunity to review the ultrasound, along with a state-sponsored videotape and written materials detailing sources of public and private support, adoption agencies, fetal development, abortion methods, and the father's legal responsibilities.
- The state requires abortion providers to explain in printed materials that it is illegal for someone to coerce a woman into having an abortion.
- One parent must provide written consent before a physician may perform an abortion on a minor under the age of 18, unless there is a medical emergency or the minor obtains a court order.
- Abortion clinics must meet the same medically appropriate standards of patient care as other facilities performing outpatient surgeries
- A requirement that abortion providers maintain hospital admitting privileges has been challenged by Planned Parenthood.
- Only a physician licensed by the state to practice medicine or osteopathy may perform an abortion.
- The state maintains an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure requires abortion providers to report short-term complications.
- Abortion clinics are required to report suspected child abuse.
- Alabama follows the federal standard for Medicaid funding for abortions, only permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- The Alabama Office of Women's Health may not advocate, promote, or otherwise advance abortion or abortion-inducing drugs.
- Alabama prohibits abortion coverage in the state health insurance Exchanges (required under the federal healthcare law) except in cases of life endangerment, rape, incest, or ectopic pregnancy. Further, Alabama voters approved a constitutional amendment that "prohibit[s] any person, employer, or health care provider from being compelled to participate in any health care system." As a result, if individuals, employers, and healthcare providers are not required to participate in a particular healthcare system, their freedom of conscience to object to providing or paying for certain services that are included in that system (e.g., abortion or life-ending drugs or devices) is protected.
- Alabama requires that abortion-inducing drugs be administered by a physician and mandates that the physician examine the woman before providing the drugs.
- Alabama offers "Choose Life" license plates, the proceeds of which benefit pregnancy resource centers and/or other organizations providing abortion alternatives.

Legal Recognition And Protection of Unborn and Newly Born:

- Alabama defines a "person" under its homicide laws to include the unborn child *in utero* at any stage of development, regardless of viability.

- Alabama also defines a nonfatal assault on an unborn child as a criminal offense.
- The state allows a wrongful death (civil) action when an unborn child is killed through a negligent or criminal act.
- Alabama has created a specific affirmative duty for physicians to provide medical care and treatment to infants born alive at any stage of development.
- Alabama has enacted a “Baby Moses” law under which a mother or legal guardian who is unable to care for a newborn infant may anonymously and safely leave the infant in the care of a responsible person at a hospital, police station, fire station, or other prescribed location.

Bioethics Laws:

- Alabama maintains no laws regarding human cloning, destructive embryo research, fetal experimentation, or human egg harvesting, and it does not promote ethical forms of research.
- The state maintains laws regarding the parentage of children conceived through assisted reproductive technologies.

End of Life Laws:

- Alabama does not have a specific statute criminalizing assisted suicide. However, under the state’s common law, assisted suicide remains a crime.

Healthcare Freedom of Conscience:

Participation in Abortion:

- Alabama currently provides no protection for the freedom of conscience of healthcare providers.

Participation in Research Harmful to Human Life:

- Alabama currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Alabama enacted an omnibus measure which included requirements, based on AUL’s *Abortion-Inducing Drugs Safety Act*, requiring that abortion-inducing drugs be administered by a physician and mandating that the physician examine the woman before providing the drugs.
- It also adopted a requirement, inspired by AUL model legislation, requiring that abortion clinics meet the same medically appropriate standards of patient care as other facilities performing outpatient surgeries. A companion provision requiring that abortion providers have admitting privileges at a local hospital has been challenged by Planned Parenthood.
- Alabama also enacted a measure requiring abortion clinics to report suspected child abuse.
- Legislators also considered measures related to informed consent, the opportunity to hear a child’s heartbeat before an abortion, pre-abortion ultrasounds, parental involvement, insurance coverage of abortion, and the “personhood” of the unborn child.
- The state enacted a measure regulating pain management physicians and clinics.
- Alabama considered legislation offering limited protection for healthcare providers with conscientious objections to specific healthcare services, as well as legislation offering protection to healthcare payers.

Recommendations For Alabama

Women's Protection Project Priorities:

- Parental Involvement Enhancement Act
- Components of the Child Protection Act related to evidence retention and remedies for third-party interference with parental rights

Additional Priorities:

Abortion:

- Defunding the Abortion Industry And Advancing Women's Health Act
- Prenatal Nondiscrimination Act
- Partial-Birth Abortion Ban Act

Legal Recognition and Protection for the Unborn:

- Statutory prohibition on wrongful birth lawsuits
- Pregnant Woman's Protection Act

Bioethics:

- Prohibition on Public Funding for Human Cloning and Destructive Embryo Research Act
- Human Cloning Prohibition Act
- Destructive Embryo Research Act

End of Life:

- Assisted Suicide Ban Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

ALASKA

RANKING: 36

Alaska maintains few legal protections for women seeking abortions and does not regulate emerging biotechnologies. Notably, Planned Parenthood continues its unrelenting and ideological crusade against the state's voter-approved parental notification law.

Abortion:

- The Alaska Supreme Court has determined that the Alaska Constitution provides for a broader right to abortion than does the U.S. Constitution.
- Alaska maintains an abortion information website and requires that a woman seeking an abortion certify in writing that a physician provided her with information on the following: fetal development, various abortion procedures, possible risks and complications associated with abortion and childbirth, eligibility requirements for medical assistance benefits, child support orders, and contraceptive options.
- The state includes information about the abortion-breast cancer link in the educational materials a woman must receive prior to an abortion.
- The state requires that a parent be notified before a minor under the age of 18 obtains an abortion unless the minor is the victim of abuse by a parent or legal guardian, there is a medical emergency, or the minor obtains a court order. The law remains in litigation.
- Alaska limits the performance of abortions to licensed physicians. However, the Alaska Attorney General has issued opinions that laws requiring that only licensed physicians perform abortions and imposing minimal health and safety regulations on abortion clinics are unconstitutional and unenforceable.
- Alaska maintains an enforceable abortion reporting law, but the measure does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- Alaska taxpayers are required by court order to fund "medically necessary" abortions for women eligible for public assistance. This requirement

essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court's broad definition of "health" in the context of abortion.

- Alaska has authorized "Choose Life" specialty license plates. The proceeds from the sale of the plates benefit pregnancy resource centers.

Legal Recognition and Protection of Unborn and Newly Born:

- Under Alaska criminal law, an unborn child at any stage of development may be considered a victim of murder, manslaughter, and criminally negligent homicide.
- Alaska also criminalizes nonfatal assaults on the unborn.
- Alaska allows a wrongful death (civil) action only when an unborn child is born alive following a negligent or criminal act and dies thereafter.
- Alaska maintains a "Baby Moses" law, which provides immunity for a parent who leaves an unharmed infant, no more than 21 days old, with police, medical personnel, hospital employees, emergency services personnel, or any person the parent believes will act in the infant's best interest.
- Alaska requires healthcare professionals to report suspicions of drug use during pregnancy.
- In the case of a stillbirth, Alaska law requires that the mother and the father (if present) must be advised that they may request the preparation of a "Certificate of Birth Resulting in Stillbirth."

Bioethics Laws:

- Alaska maintains no laws regarding human cloning, destructive embryo research, fetal experimentation, human egg harvesting, or assisted reproductive technologies, and it does not promote ethical research alternatives.

End of Life Laws:

- Alaska law specifically prohibits assisted suicide. Under the law, assisted suicide constitutes manslaughter.

HEALTHCARE Freedom of Conscience:

Participation in Abortion:

- Alaska law provides that no person or hospital may be required to participate in an abortion.
- Recent court decisions have narrowed the legal protection for hospitals. Currently, non-sectarian hospitals built or operated with public funds may not refuse to offer or provide abortions.

Participation in Research Harmful to Human Life:

- Alaska currently provides no protection for the rights of conscience of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a

provider's moral or religious belief.

What Happened in 2013:

- Alaska considered legislation defining “medically necessary abortions” and, as a result, limiting the number of abortions that state taxpayers are required to pay for through the state’s medical assistance program.
- A case challenging Alaska’s 2010 voter-approved parental notification law was appealed to the Alaska Supreme Court.
- The state considered measures related to pain management and palliative care, but did not consider any measures related to biotechnologies or rights of conscience.

RECOMMENDATIONS FOR ALASKA

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- 24-hour reflection period for abortion
- Abortion Patients’ Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Components of the Child Protection Act related to mandatory reporting of abuse and remedies for third-party interference with parental rights

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Women’s Ultrasound Right to Know Act
- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Coercive Abuse Against Mother’s Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act
- Born-Alive Infant Protection Act
- Pregnant Woman’s Protection Act

Bioethics:

- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

ARIZONA

RANKING: 4

Arizona has garnered national attention for its efforts to protect women from the well-documented harms inherent in later-term abortions. In 2013, its first-in-the-nation law, based on AUL model legislation, limiting abortions at or after 5-months of pregnancy, based upon both maternal health concerns and the pain experienced by an unborn child, was the subject of an appeal to the U.S. Supreme Court.

Abortion:

- The Arizona Supreme Court has implicitly recognized a broader state constitutional right to abortion than that provided by the U.S. Constitution.
- Arizona has enacted AUL's *Women's Health Defense Act*, limiting abortion at or after 5-months (*i.e.*, 20-weeks) gestation based upon the significant risks of later-term abortions to maternal health (and also on concerns for fetal pain).
- Arizona prohibits partial-birth abortion.
- It is a felony to perform an abortion in Arizona knowing that the abortion is sought based on the sex or race of the child or the race of a parent. Further, it is a felony to use force or the threat of force to intentionally injure or intimidate any person for the purpose of coercing a sex-selection or race-based abortion.
- At least 24 hours prior to an abortion, a woman must receive information about the nature of the procedure, the immediate and long-term risks of abortion, the risks of childbirth, alternatives to abortion, and the probable gestational age and anatomical and physiological characteristics of her unborn child. A woman must also receive information about medical assistance benefits, the father's liability for child support, and the public and private agencies available to assist her. The state also requires abortion providers to inform women about alternatives to abortion and hospice programs for those who are seeking abortions because of fetal anomalies.
- Arizona requires that an ultrasound be performed at least 24 hours prior to an abortion.
- Women considering abortion must also be informed that it is illegal for a person to intimidate or coerce her into having an abortion.
- One parent must provide written notarized consent before a physician may perform an abortion on a minor under the age of 18, unless the minor is the victim of incest by someone in her home, there is a medical emergency, or she obtains a court order.
- Arizona has enacted comprehensive abortion clinic regulations which are largely based on treatment protocols promulgated by national abortion advocacy groups.
- Only licensed physicians may perform surgical abortions. Further, a physician assistant may not prescribe, dispense, or administer prescription medicine to induce an abortion, and the state board of nursing may not decree that the scope of practice for registered nurse practitioners includes abortions.
- The state maintains an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- In 2002, the Arizona Supreme Court concluded that state taxpayers must fund "medically necessary" abortions for women eligible for public assistance, implicitly recognizing a broader state constitutional right to abortion than that provided by the U.S. Constitution. However, a subsequent (2010) law provides that "no public funds nor tax monies of [Arizona] or any political subdivision of [Arizona] nor any federal funds passing through the state treasury or the treasury of any political subdivision of [Arizona] may be expended for payment to any person or entity for the performance of any abortion unless an abortion is necessary to save the life of the woman having the abortion."
- Arizona prohibits public funding for training to perform abortions the use of "monies paid by students as part of tuition or fees to a state university or a community college" for abortions.

- The state requires that Medicaid providers cover family planning services that do not include abortion or abortion counseling.
- Arizona prohibits family planning contracts with or grants to abortion providers including Planned Parenthood. The law is in litigation.
- Organizations that receive state funds through Women’s Services programs may not use those funds to provide abortions or abortion referrals, and grantees cannot provide the grant money to entities that promote, refer, or perform abortions.
- A woman may not obtain an abortion at any university facility under the jurisdiction of the Arizona Board of Regents unless the procedure is necessary to save her life.
- In addition, Arizona prohibits insurance companies from offering abortion coverage within state insurance Exchanges established pursuant to the federal healthcare law, except in cases involving threats to a woman’s life or health.
- Arizona further prohibits the use of state funds “directly or indirectly to pay the costs, premiums or charges associated with a health insurance policy, contract or plan that provides coverage, benefits or services related to the performance of any abortion” except in cases of life endangerment or substantial and irreversible impairment of a major bodily function.
- A state statute permitting a tax credit for voluntary cash contributions by a taxpayer or on a taxpayer’s behalf to charitable organizations does not permit donations to qualify for the credits if the beneficiary organizations provide, pay for, promote, provide coverage of, or provide referrals for abortion or financially support any other entity that does so.
- Arizona requires abortion providers to follow the protocol approved by the Federal Drug Administration (FDA) when administering the Mifeprex (RU-486) regimen and other abortion-inducing drugs.
- Arizona has approved “Choose Life” license plates. The proceeds from the sale of the plates benefit organizations providing abortion alternatives.

Legal Recognition and Protection of Unborn and Newly Born:

- Arizona law defines the killing of an unborn child, at any stage of development, as manslaughter.
- The state defines a nonfatal assault on the unborn as a criminal offense.
- The state provides enhanced sentencing for domestic violence offenses when the victim is pregnant.
- The state allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- Arizona maintains a *Dangerous Crimes Against Children Act* which allows for the prosecution of a woman for prenatal drug use or abuse that causes harm or injury to her unborn child. Under the law, the woman can be charged with child abuse and/or drug transfer to a minor under 12 years of age. The state further requires healthcare professionals to report suspected prenatal drug exposure.

Bioethics Laws:

- Arizona prohibits destructive embryo research, human cloning, and the creation, transfer, and transportation of human-animal hybrids. The state also prohibits taxpayer funding of human cloning and denies special tax credits to entities engaged in destructive embryo research.
- Arizona requires healthcare professionals to notify patients in the second trimester of pregnancy of post-delivery options related to stem cells contained in umbilical cord blood and options for their donation or storage in a family donor banking program.
- The state also requires that women providing eggs receive information on the risks of human egg harvesting and prohibits payment for human eggs when the eggs are to be used for research purposes.

End of Life Laws:

- In Arizona assisted suicide is considered manslaughter.

HEALTHCARE Freedom of Conscience:

Participation in Abortion and Contraception:

- Arizona law protects healthcare providers who conscientiously object to participation in abortions. Under this law, healthcare providers must object in writing, and objections must be based on moral or religious beliefs.
- A pharmacy, hospital, or healthcare professional is not required to participate in or provide an abortion, abortion medication, “emergency contraception,” or any medicine or device intended to inhibit or prevent implantation of a fertilized egg.
- Arizona also allows a “religiously-affiliated employer” to offer a health plan that does not cover contraceptives in response to the religious beliefs of the employer or a beneficiary. “Religiously-affiliated employer” is defined as either a non-profit that primarily employs and serves individuals who share the non-profit’s religious beliefs or as an organization that has incorporating documents that clearly state that religious beliefs are “central to the organization’s operating principles.”

Participation in Research Harmful to Human Life:

- Arizona currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Arizona enacted a measure requiring that Medicaid providers cover family planning services that do not include abortion or abortion counseling.
- The state also considered legislation related to professional requirements for individual abortion providers.
- Conversely, the state considered measures weakening some of its existing provisions, such as legislation changing its current 20-week restriction to a viability prohibition and removing civil remedies from its existing partial-birth abortion, informed consent, and parental involvements laws. The state also considered

legislation removing language from its current law requiring physicians to abide by FDA-approved protocol when administering abortion-inducing drugs and repealing a law providing that a physician assistant cannot prescribe or dispense abortion-inducing drugs.

RECOMMENDATIONS FOR ARIZONA

Women's Protection Project Priorities:

- Abortion Patients' Enhanced Safety Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- Defunding the Abortion Industry and Advancing Women's Health Act
- State Constitutional Amendment (affirming that there is no state constitutional right to abortion)

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act (for a pre-viable child)
- Statutory prohibition on wrongful birth lawsuits
- Pregnant Woman's Protection Act

Bioethics:

- Assisted Reproductive Technologies Disclosure and Risk Reduction Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

ARKANSAS

RANKING: 3

Arkansas has been a leading proponent of life-affirming legal innovations. It was one of the first states to enact an ultrasound requirement and to require that women be informed about fetal pain. Arkansas is also one of only a small number of states that has completely banned human cloning.

Abortion:

- Arkansas’s policy, as explained in Amendment 68, § 2 to the state constitution, is to “protect the life of every unborn child from conception until birth, to the extent permitted by the Federal Constitution.”
- Arkansas possesses an enforceable abortion prohibition should the U.S. Constitution be amended or certain U.S. Supreme Court decisions be reversed or modified.
- The state prohibits an abortion if an unborn child’s heartbeat is detected and the unborn child is at 12 weeks of development or greater. This law is in litigation.
- Arkansas also prohibits abortion at or after 5-months development based upon the pain felt by the unborn child.
- Arkansas prohibits partial-birth abortion.
- Arkansas requires that, 24 hours prior to an abortion, a physician provide a woman with information about the risks of abortion, the risks of continued pregnancy, and the probable gestational age of her unborn child. Further, state-prepared materials must be made available to her. These materials include pictures or drawings of the probable anatomical and physiological characteristics of the unborn child at 2-week gestational increments and a list of private and public agencies providing counseling and alternatives to abortion.
- The state requires that women considering abortion receive information about fetal pain.
- Arkansas requires that an abortion provider offer a woman the opportunity to see the ultrasound image if an ultrasound is used in preparation for the abortion.
- A woman must also be informed that a spouse, boyfriend, parent, friend, or other person cannot force her to have an abortion.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without notarized written consent or in-person consent (with photo identification) from a parent or legal guardian, unless the minor states by affidavit that she is the victim of physical or sexual abuse and her only living parent or guardian is the perpetrator, a medical emergency exists, or the minor obtains a court order.
- Arkansas prohibits the intentional causing, aiding, abetting, or assisting a child to obtain an abortion without parental consent and requires the collection of forensic samples when an abortion is performed on a minor under the age of 14.
- Arkansas’s comprehensive abortion clinic regulations apply to “any facility in which the primary function is the willful termination of pregnancy.” The regulations prescribe minimum health and safety standards for the facility, staffing, and clinic administration.
- All facilities performing 10 or more abortions per month must be licensed by the state Department of Health.
- Only a person licensed to practice medicine in the State of Arkansas may perform an abortion. Abortion providers must also maintain hospital admitting privileges.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- When an abortion is performed, an abortion provider must report information related to the post-fertilization age of the unborn child.
- Employees and volunteers at “reproductive health facilities” are included in the list of mandatory reporters of suspected sexual abuse of minors.
- The Arkansas Constitution provides that no public funds will be used to pay for any abortion, except to save the mother’s life. However, Arkansas follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the

woman or when the pregnancy is the result of rape or incest.

- The state prohibits the use of public funds for abortions, abortion referrals, or the purchase or dispensing of abortion-inducing drugs in public schools.
- Arkansas prohibits abortion coverage in the state health insurance Exchanges (required under the federal healthcare law).
- Arkansas has implemented a “Choose Life” license plate program, directing the proceeds to organizations providing abortion alternatives.

Legal Recognition And Protection of Unborn and Newly Born:

- Under Arkansas law, the killing of an unborn child at any stage of gestation is defined as a form of homicide.
- The state also criminalizes nonfatal assaults on the unborn.
- Arkansas permits women to use force to defend their unborn children from criminal violence.
- Arkansas allows a parent or other relative to bring a wrongful death (civil) lawsuit when a viable unborn child is killed through a negligent or criminal act.
- Under the *Child Maltreatment Act*, “neglect” includes prenatal drug use that causes the child to be born with an illegal substance in his or her system or a drug-related health problem. Moreover, test results may be used as evidence of neglect in subsequent proceedings.
- Arkansas requires healthcare providers to report the birth of an infant who suffers from fetal alcohol syndrome.
- Arkansas allows a woman who loses a child after 5-months (*i.e.*, 20-weeks) gestation to seek a “Certificate of Birth Resulting in Stillbirth,” which is filed with the state registrar.

Bioethics Laws:

- Arkansas bans both cloning-to-produce-children and cloning-for-biomedical-research.
- The state maintains no laws regarding destructive embryo research or human egg harvesting. Moreover, the state’s fetal experimentation statute only prohibits research on a born alive child—

thereby allowing research on a child born dead (*i.e.*, aborted) with the permission of the mother.

- Arkansas excludes an “unborn child” from the definition of “person” in the context of assisted reproductive technologies.
- The state’s Newborn Umbilical Cord Initiative Act has established a network to collect and store postnatal tissue and fluid.
- Arkansas mandates that only physicians may perform artificial insemination procedures.

End of Life Laws:

- Under Arkansas law, assisted suicide is a felony.

HEALTHCARE FREEDOM of Conscience:

Participation in Abortion:

- Arkansas law protects healthcare providers who conscientiously object to participating in abortions.
- Under the law, healthcare providers cannot be subject to civil liability or other recriminatory action for their refusal to participate in abortions.
- In addition, no hospital is required to permit an abortion within its facility.
- Arkansas provides some protection for the conscience rights of pharmacists and pharmacies.

Participation in Research Harmful to Human Life:

- Arkansas currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Arkansas enacted all three components of AUL’s *Child Protection Act*: (1) a requirement that all employees and volunteers at “reproductive health facilities” properly report suspected cases of child sexual abuse; (2) a prohibition on intentionally causing, aiding, abetting, or assisting a child to obtain an abortion without parental consent; and (3) a mandate that abortion providers collect forensic samples when an abortion is performed on a

minor under the age of 14.

- The legislature overrode Governor Mike Beebe’s veto of legislation prohibiting an abortion if an unborn child’s heartbeat is detected and the unborn child is at 12 weeks of development or greater. The new law has already been challenged in federal court. The state also enacted a law prohibiting abortion at 5-months development based upon the pain felt by the unborn child.
 - Arkansas now requires that an abortion provider report information related to the post-fertilization age of the unborn child at the time the abortion was performed.
- The state continued its policy of prohibiting the use of state funds for abortion referrals or services in public schools.
- Arkansas enacted a law prohibiting abortion coverage in the state health insurance Exchanges (required under the federal healthcare law).
- In a busy legislative year, Arkansas also considered measures related to informed consent, the regulation of chemical abortion, and tax incentives or exemptions for pregnancy resource centers.
- Arkansas enacted a measure expanding its existing fetal homicide law to protect an unborn child from conception.
- Arkansas became the third state to enact AUL’s Pregnant Woman’s Protection Act which permits women to use force to defend their unborn children from third-party criminal violence.
- Arkansas also considered a measure related to the reporting and/or treatment of suspected prenatal exposure to drugs and alcohol.
- Arkansas enacted a measure excluding an “unborn child” from the definition of “person” in the context of assisted reproductive technologies. The state also considered legislation further regulating assisted reproductive technologies.
- Arkansas considered measures related to advance planning documents, pain management, and palliative care.

RECOMMENDATIONS FOR ARKANSAS

Women’s Protection Project Priorities:

- Abortion Patients’ Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act

Additional Priorities:

Abortion:

- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers
- Defunding the Abortion Industry and Advancing Women’s Health Act

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act (for a pre-viable child)
- Born-Alive Infant Protection Act
- Statutory prohibition on wrongful life lawsuits

Bioethics:

- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

CALIFORNIA

RANKING: 49

The health and welfare of women, minors, and unborn children is increasingly at risk in California. State law protects and advances a “right” to abortion at the expense of women considering abortions. In 2013, California was the only state to actually roll back legal protections for women when it enacted a law permitting non-physicians to perform surgical abortions and to administer abortion-inducing drugs.

Abortion:

- The California Supreme Court has found that the state constitution provides a broader right to abortion than does the U.S. Constitution.
- The state has also adopted a *Freedom of Choice Act* providing a right to abortion even if *Roe v. Wade* is eventually overturned and specifically providing that “[e]very woman has the fundamental right to choose to bear a child or to choose and to obtain an abortion” and “[t]he state may not deny or interfere with a woman’s right to choose or obtain an abortion prior to the viability of the fetus, or when the abortion is necessary to protect the life or health of the woman.”
- California requires that, prior to an abortion, a woman be informed of the nature of the abortion procedure, possible risks and complications, abortion alternatives, post-procedure medical services, and family planning information.
- A law requiring that a physician have the consent of one parent or a court order prior to performing an abortion on a minor under the age of 18 has been declared unconstitutional by the California Supreme Court.
- California requires abortion clinics meet rudimentary standards for patient care, equipment, and staffing. In 2013, California exempted abortion clinics from many generally applicable building code standards.
- Non-physicians, including nurse practitioners, certified nurse-midwives, or physician assistants, may perform surgical abortions or administer abortion-inducing drugs in California.
- The California Supreme Court has mandated that taxpayers pay for “medically necessary” abortions for women eligible for state medical assistance. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court’s broad definition of “health” in the context of abortion.
- Grants made by the “Adolescent Family Life Program” may not be expended for abortions, abortion referrals, or abortion counseling.
- Family planning grants may not be used for abortions or services ancillary to abortions.
- California provides direct funding to pregnancy resource centers.
- California protects “freedom of access” to abortion clinics and has established procedures for investigating “anti-reproductive-rights crimes” under its *Reproductive Rights Law Enforcement Act*.

Legal Recognition And Protection of Unborn and Newly Born:

- Since 1970, California law has defined the killing of an unborn child after the embryonic stage (7-8 weeks of gestation) as a form of homicide.
- The state allows a wrongful death (civil) action only when an unborn child is born alive following a negligent or criminal act and dies thereafter.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- California maintains a “Baby Moses” law, under which a mother or legal guardian who is unable to care for a newborn infant may anonymously and safely leave the infant in the care of a responsible person at a hospital, police station, fire station, or other prescribed location.
- California funds drug treatment programs for pregnant women and newborns.

Bioethics Laws:

- California funds and protects the “right” to engage in destructive embryo research and human cloning by state constitutional amendment.

- California bans cloning-to-produce-children, but explicitly allows cloning-for-biomedical-research, making it a “clone-and-kill” state.
- California allows research on “fetal remains.”
- The state promotes ethical forms of research, tasking the University of California with developing a plan to establish and administer an “Umbilical Cord Blood Collection Program” for the purpose of collecting units of umbilical cord blood for use in transplantation. The state also conducts an “Umbilical Cord Blood Awareness Campaign” to disseminate information about cord blood banking options.
- California regulates assisted reproductive technologies, including specifically requiring that a patient be provided information on embryo donation.
- The state requires that any advertising for egg donors (for fertility treatments) contain a statement that “there may be risks associated with human egg donation.” Moreover, no human eggs may be sold for “valuable consideration,” which does not include reasonable payment for the removal, processing, disposal, preservation, quality control, and storage of the eggs.

End of Life Laws:

- California expressly prohibits assisted suicide. In 1996, the Ninth Circuit Court of Appeals upheld the felony charge that accompanies this prohibition.
- In 2008, the state enacted a measure that requires physicians to provide end of life counseling to patients.
- California has amended its medical school curriculum requirements to include instruction on pain management and end of life issues.

HEALTHCARE Freedom of Conscience:

Participation in Abortion and Contraception:

- California currently provides legal protection for individual healthcare providers and private healthcare institutions that conscientiously object to participating in abortions. Protection also extends to medical and nursing students. However, this protection does not apply in “medical emergencies.”
- The state provides some protection for the

conscience rights of pharmacists and pharmacies.

Health insurance plans that provide prescription coverage must provide coverage for contraception. The requirement includes an exemption so narrow it precludes the ability of most employers and insurers with moral or religious objections from exercising it.

Participation in Research Harmful to Human Life:

- California currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- California enacted a law permitting nurse practitioners, certified nurse-midwives, and physician assistants to perform surgical abortions and administer abortion-inducing drugs.
- It also enacted a measure exempting abortion clinics from generally applicable building code standards.
- California indefinitely extended its *Reproductive Rights Law Enforcement Act*. The California Senate adopted a resolution urging the federal government to protect and uphold the *intent and substance* of *Roe v. Wade*.
- California enacted a measure related to insurance coverage of assisted reproductive technologies.
- Governor Jerry Brown vetoed a measure that would have permitted the commodification of women by allowing women harvesting their eggs to be compensated for their time in the same manner as other research subjects.
- California considered a measure to require specified facilities for the elderly to provide a person with a Physician Orders for Life-Sustaining Treatment (POLST) form upon admission to the facility.

RECOMMENDATIONS FOR CALIFORNIA

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Reflection period for abortion
- Women's Health Protection Act (abortion clinic regulations)
- Abortion-Inducing Drugs Safety Act
- Parental Notification for Abortion Act (or parental notice initiative)
- Child Protection Act

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Coercive Abuse Against Mothers Prevention Act
- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Repeal of State FOCA
- Defunding the Abortion Industry and Advancing Women's Health Act
- Women's Ultrasound Right to Know Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act
- Amend fetal homicide law to protect unborn from conception
- Statutory prohibition on wrongful birth and wrongful life lawsuits
- Pregnant Woman's Protection Act

Bioethics:

- Constitutional amendment banning state funding for human cloning and destructive embryo research

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

COLORADO

RANKING: 26

Colorado lacks the most basic protections for women's health and the unborn. It does not require informed consent for abortion or that abortion clinics meet minimal standards for patient care. It is also in the minority of states that do not maintain a fetal homicide law recognizing an unborn child as a potential crime victim.

Abortion:

- A physician may not perform an abortion on a minor under the age of 18 until at least 48 hours after written notice has been given to her parents, unless the parents waive the notice requirement, the minor declares she is a victim of abuse or neglect by a party entitled to notice and the abuse has been reported by the physician, there is a medical emergency, or the minor obtains a court order. Substitute notice of a grandparent, aunt, or uncle is permitted if the minor lives with him or her.
- Only licensed physicians using accepted medical procedures may perform abortions.
- Colorado has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- The Colorado Constitution prohibits public funds from being used to pay for an abortion except when the abortion is necessary to preserve the woman's life. However, a federal court has declared this provision, along with two related statutes, in conflict with federal law. Currently, the state follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- Organizations that provide abortions are prohibited from receiving state family planning funds.
- School-based health clinics cannot provide abortion services.
- The Colorado Attorney General has issued an opinion stating that group health insurance provided for state employees must exclude coverage for abortion.
- Colorado requires that death certificates indicate whether a woman was pregnant at the time of her death.

Legal Recognition And Protection Of Unborn and Newly Born:

- Actions by a third party designed to “intentionally, knowingly, recklessly, or with extreme indifference terminate or attempt to terminate a woman's pregnancy” are a felony in Colorado. The state also imposes enhanced criminal penalties for an assault on a pregnant woman. However, Colorado law does not recognize the unborn child as the second (and separate) victim of a crime.
- Colorado allows a parent or other relative to bring a wrongful death (civil) lawsuit when a viable unborn child is killed through the negligent or criminal act of another.
- In its definition of “child abuse or neglect,” Colorado includes instances where an infant tests positive at birth for a controlled substance. The state also funds substance abuse treatment for pregnant women and prohibits the use of drug tests performed as part of prenatal care in criminal prosecutions.
- Women must be informed of the availability of stillbirth certificates and be given the option to request one following a miscarriage or stillbirth.

Bioethics Laws:

- Colorado maintains no laws regarding human cloning, destructive embryo research, fetal experimentation, human egg harvesting, or assisted reproductive technologies.
- Voluntary financial contributions to the “Adult Stem Cells Cure Fund” may be designated on state income tax forms and an account for the proceeds has been created in the state treasury.
- Colorado has enacted legislation preventing genetic information from being used to deny access to healthcare insurance or Medicare supplement insurance coverage.

End of Life Laws:

- Colorado law expressly criminalizes assisted suicide. Assisting a suicide is considered manslaughter.
- Colorado protects healthcare providers from liability for manslaughter when prescribing or administering palliative care prescriptions to terminally ill patients. However, the statute does not permit assisted suicide.
- The state maintains a Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program.

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- A hospital staff member or person associated with or employed by a hospital who objects in writing and on religious or moral grounds may not be required to participate in medical procedures that result in abortion.
- A hospital is not required to admit a woman for the purpose of performing an abortion.
- Private institutions and physicians, as well as their respective agents, may refuse to provide contraceptives and information about contraceptives based upon religious or conscientious objections. In addition, county and city employees may refuse on religious grounds to provide family planning and birth control services.

Participation in Research Harmful to Human Life:

- Colorado currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- Colorado enacted a “one-victim law”—providing for enhanced criminal penalties when a pregnant woman is assaulted—but not recognizing the child as a potential second victim.

- The state enacted a measure allocating funding to its “Adult Stem Cells Cure Fund.”
- Colorado also enacted a measure requiring verification of Medicaid benefits (when applicable) before a healthcare provider may provide counseling relating to Medical Orders for Scope of Treatment (MOST).

RECOMMENDATIONS FOR COLORADO

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Women's Right to Know Act with reflection period
- Women's Health Protection Act (abortion clinic regulations)
- Parental Consent for Abortion Act
- Parental Involvement Enhancement Act
- Abortion-Inducing Drugs Safety Act
- Child Protection Act

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Women's Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prohibition Act
- Defunding the Abortion Industry and Advancing Women's Health Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act
- Unborn Wrongful Death Act (for a pre-viable child)
- Born-Alive Infant Protection Act
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

CONNECTICUT

RANKING: 46

Connecticut law evinces a profound disrespect for human life, providing for a broad state constitutional “right” to abortion, failing to adequately protect unborn victims of violence, and permitting cloning-for-biomedical-research and destructive embryo research.

Abortion:

- The Connecticut Supreme Court has determined that the state constitution protects the “right” to an abortion as a fundamental right and to a greater extent than the U.S. Constitution.
- The state maintains a *Freedom of Choice Act*. The Act mandates a legal right to abortion even if *Roe v. Wade* is eventually overturned, specifically providing that “[t]he decision to terminate a pregnancy prior to the viability of the fetus shall be solely that of the pregnant woman in consultation with her physician.”
- Connecticut law requires that all women considering abortion receive counseling on the type of abortion procedure to be used and the discomfort and risks involved in that procedure.
- In addition to counseling on the type of abortion procedure and its inherent risks, minors must also receive information on the alternatives to abortion and public and private agencies that can provide them with assistance. Further, a qualified counselor must discuss the possibility of the minor involving a parent or other adult in her decision.
- Connecticut mandates that abortion clinics meet rudimentary health and safety standards. The regulations prescribe minimum standards for the building or facility, patient medical testing, and the maintenance of patient records.
- Connecticut limits the performance of abortions to licensed physicians.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.

- (a) Connecticut taxpayers are required by court order to fund “medically necessary” abortions for women eligible for public assistance. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court’s broad definition of “health” in the context of abortion.
- (b) Connecticut offers “Choose Life” license plates, the proceeds of which benefit pregnancy resource centers and/or other organizations providing abortion alternatives.

Legal Recognition And Protection of Unborn and Newly Born:

- Connecticut defines an assault on a pregnant woman resulting in “the termination of pregnancy that does not result in live birth” as a crime. The law recognizes an affirmative defense if the defendant did not know that the victim was pregnant at the time of the assault.
- Connecticut allows a parent or other relative to bring a wrongful death (civil) lawsuit when a viable unborn child is killed through the negligent or criminal act of another.
- The state funds drug treatment programs for pregnant women and newborns.

Bioethics Laws:

- Connecticut prohibits cloning-to-produce-children. However, it permits destructive embryo research and cloning-for-biomedical-research and funds these destructive and unethical practices.
- The state does not prohibit fetal experimentation.
- Connecticut requires that a physician provide a woman in the last trimester of pregnancy with information regarding options to bank or donate umbilical cord blood. The Connecticut Umbilical Cord Blood Collection Board has been directed to engage in public education and establish an umbilical cord blood collection program.
- Connecticut regulates assisted reproductive technologies. For example, only persons certified to practice medicine in the state may perform artificial insemination.
- The state prohibits direct or indirect payment for the donation of human eggs for stem cell research.

End of Life Laws:

- Connecticut has enacted a statutory prohibition on assisted suicide. Assisting a suicide constitutes manslaughter.

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- Under Connecticut law, no person is required to participate in any phase of an abortion against his or her judgment or religious, moral, or philosophical beliefs.
- Health insurance plans that provide prescription coverage must also provide coverage for contraception. Certain conscience exemptions apply to religious employers or organizations.

Participation in Research Harmful to Human Life:

- Connecticut currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- Connecticut enacted a measure modifying the criminal penalty for violating the state's prohibition on cloning-to-produce-children. The state also considered measures funding unethical research and providing insurance coverage for assisted reproductive technologies.
- The state established an advisory council on palliative care.
- Connecticut considered a bill to legalize physician-assisted suicide.

RECOMMENDATIONS FOR CONNECTICUT

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Women's Right to Know Act with reflection period
- Abortion Patients' Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Notification for Abortion Act
- Child Protection Act

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Repeal of State FOCA
- Defunding the Abortion Industry and Advancing Women's Health Act
- Women's Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act
- Unborn Wrongful Death Act (for a pre-viable child)
- Born-Alive Infant Protection Act
- Pregnant Woman's Protection Act

Bioethics:

- Repeal of existing laws permitting human cloning, destructive embryo research, and the funding of these practices

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

DELAWARE

RANKING: 32

Recent scandals and substandard care at Delaware abortion clinics including Planned Parenthood clinics highlights the state's lack of meaningful legal protections for women considering abortion and the urgent need for laws regulating the abortion industry.

Abortion:

- Delaware's informed consent law requires that a woman be informed of the probable stage of her unborn child's development, the abortion procedure to be used and its inherent risks, alternative abortion procedures, the probable effects of an abortion on future childbearing, and alternatives to abortion. The portion of the law requiring a 24-hour reflection period has been ruled unconstitutional.
- Delaware prohibits some coerced abortions, defining "coercion" as "restraining or dominating the choice of a minor female by force, threat of force, or deprivation of food and shelter." The state emancipates a minor for social assistance purposes if her parents or guardians deny financial support because of her refusal to undergo an abortion.
- Despite a law prohibiting a physician from performing an abortion on an unemancipated minor under the age of 16 until 24 hours after notice has been given to one parent, the Delaware Attorney General has issued a "Statement of Policy" providing that state officials will not prosecute abortion providers who fail to comply with this requirement. The law also permits substitute notice of a grandparent or mental health professional.
- Only licensed physicians may perform abortions.
- Delaware has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- Delaware follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the

woman or when the pregnancy is the result of rape or incest.

- Delaware offers "Choose Life" license plates.

Legal Recognition And Protection of Unborn and Newly Born:

- Delaware law does not provide for the prosecution of third parties who kill or injure an unborn child.
- Delaware allows a parent or other relative to bring a wrongful death (civil) lawsuit when a viable unborn child is killed through the negligent or criminal act of another.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.

Bioethics Laws:

- Delaware does not proscribe or limit human cloning, destructive embryo research, fetal experimentation, or human egg harvesting. It also does promote ethical forms of research or regulate assisted reproductive technologies.

End of Life Laws:

- Assisted suicide is a felony in Delaware.

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- Delaware law provides that no person can be required to participate in any medical procedure that results in an abortion.
- Hospitals are not required to permit abortions within their facility.
- If health insurance plans provide coverage for prescription drugs, coverage must also be provided for contraception. A conscience exemption exists for religious employers.

Participation in Research Harmful to Human Life:

- Delaware currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- Delaware considered measures related to advance planning documents, pain management, and palliative care.

RECOMMENDATIONS FOR DELAWARE:

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Women's Right to Know Act with reflection period
- Abortion Patients' Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Consent for Abortion Act
- Parental Involvement Enhancements Act
- Child Protection Act

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Women's Ultrasound Right to Know Act
- Defunding the Abortion Industry and Advancing Women's Health Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act
- Protection for unborn children from nonfatal assaults
- Unborn Wrongful Death Act (for a pre-viable child)
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

DISTRICT OF COLUMBIA

NOT RANKED

The District of Columbia provides virtually no protection for human life, failing to protect women and unborn children from the harms inherent in abortion, to recognize and protect unborn victims of violence, or to prohibit assisted suicide. It also fails to protect the fundamental freedom of conscience of healthcare providers.

Abortion:

- No abortion may be performed after viability unless it is necessary to preserve the woman's life or health.
- In the District of Columbia, abortions may only be performed under the direction of a licensed medical practitioner.
- Taxpayer funds may not be used for abortions unless the abortion is necessary to preserve the woman's life or the pregnancy was the result of rape or incest.

Legal Recognition And Protection of Unborn and Newly Born:

- The laws of the District of Columbia do not recognize an unborn child as a potential crime victim.
- The District of Columbia allows a parent or other relative to bring a wrongful death (civil) lawsuit when a viable unborn child is killed through another's negligent or criminal act.

Bioethics Laws:

- The District of Columbia maintains no laws related to human cloning, destructive embryo research, fetal experimentation, human egg harvesting, or assisted reproductive technologies.

End of Life Laws:

- The legal status of assisted suicide in the District of Columbia is undetermined. It has not enacted a specific statute prohibiting assisted suicide, and it does not recognize common law crimes. There is no judicial decision stating whether assisted

suicide is a form of homicide under the general homicide laws.

HEALTHCARE freedom of CONscience Laws:

Participation in Abortion:

- The District of Columbia currently provides no protection for the rights of healthcare providers who conscientiously object to participation in abortion.

Participation in Research Harmful to Human Life:

- The District of Columbia currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

What happened in 2013:

- The District of Columbia considered legislation related to abortion funding, pain management, and palliative care.

FLORIDA

RANKING: 25

A Florida legislative hearing made national news in 2013 when a Planned Parenthood representative opposed a measure providing that an infant born alive during or immediately after an attempted abortion is entitled to the same rights, powers, and privileges as any other child born alive. That representative testified that the decision whether such a baby lives should be left to the woman, her family, and her physician. With AUL's assistance, the state went on to enact a law protecting all children born alive.

Abortion:

- The Florida Supreme Court has determined that the state constitution provides a broader right to abortion than does the U.S. Constitution. Under the auspices of this decision, Florida courts have struck down prior versions of the state's informed consent and parental involvement laws.
- Prior to an abortion, Florida requires that a woman receive oral, in-person counseling regarding the nature and medical risks of abortion, this risk of continued pregnancy, and the gestational age of the unborn child. She must also receive printed materials discussing pregnancy services and abortion alternatives, providing description of the unborn child, and discussing available medical benefits.
- Florida requires that an ultrasound be performed and that the ultrasound be reviewed with the woman before she gives her consent for the abortion.
- Florida requires that notice be given in person, by telephone, or by mail to one parent at least 48 hours prior to an abortion on a minor aged 17-years old or younger, unless there is a medical emergency or the minor obtains a court order. Parents must be notified about an emergency abortion within 24 hours of the procedure.
- Florida law provides patient care standards for facilities performing abortions after the first trimester.
- Only physicians licensed by the State of Florida in medicine or osteopathy or those physicians

practicing medicine or osteopathy and employed by the United States may perform abortions.

- Florida has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure requires abortion providers to report short-term complications only for post-first trimester abortions.
- Florida follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- Florida prohibits insurance plans that cover abortions (except in cases of life endangerment, rape, or incest) from receiving federal or state subsidies through a health insurance Exchange established pursuant to the federal healthcare law.
- Florida provides direct funding to pregnancy resource centers including faith-based centers.
- Florida also offers "Choose Life" license plates, the proceeds of which benefit pregnancy resource centers and/or other organizations providing abortion alternatives.

Legal Recognition And Protection of Unborn and Newly Born:

- Under Florida criminal law, the killing of an unborn child after "quickening" (discernible movement in the womb) is considered manslaughter. A person causing the death of an "unborn quick child" may be charged with the same level of offense as would be charged if the conduct had caused the death of the pregnant woman and may be charged with two offenses if both the pregnant woman and the unborn quick child are killed.
- The state allows a wrongful death (civil) action only when an unborn child is born alive following a negligent or criminal act and dies thereafter.
- An infant born alive during or immediately after an attempted abortion is entitled to the same rights, powers, and privileges as any other child born alive in the course of natural birth. Healthcare providers must take reasonable and medically appropriate measures to preserve the life and health of born-alive infants.

- Florida has enacted a “Baby Moses” law under which a mother or legal guardian who is unable to care for a newborn infant may anonymously and safely leave the infant in the care of a responsible person at a hospital, police station, fire station, or other prescribed location.
- The state defines substance abuse during pregnancy as “child abuse” under civil child-welfare statutes and funds drug treatment programs for pregnant women and newborns.

Bioethics Laws:

- Florida does not ban human cloning or destructive embryo research, and its ban on fetal experimentation applies only to a live child (and not to an aborted fetus).
- Florida maintains a “Public Cord Blood Tissue Bank” to collect, screen for infectious and genetic diseases, perform tissue tubing, cryopreserve, and store umbilical cord blood. Women admitted to a hospital or birthing facility may be offered the opportunity to donate umbilical cord blood to the Bank (which is a public resource).
- In regard to human egg harvesting, only “reasonable compensation” directly related to the donation of eggs is permitted.
- Florida regulates assisted reproductive technologies and includes “embryo adoption” in a statutory list of “fertility techniques.”

End of Life Laws:

- In Florida, assisted suicide is considered manslaughter.

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- Under Florida law, a hospital staff member, person associated with or employed by a hospital, or physician’s employee, who objects on religious or moral grounds, is not required to participate in any medical procedure that results in an abortion.
- Certain individuals, such as physicians, may refuse to furnish any contraceptive or family planning service, supplies, or information because of religious objections.
- Hospitals are not required to perform abortions.

Participation in Research Harmful to Human Life:

- Florida does not expressly protect the rights of conscience of all healthcare providers who conscientiously object to participation in procedures other than abortion, such as destructive embryo research and human cloning.

What Happened in 2013:

- With assistance from AUL, Florida enacted a measure providing that an infant born alive during or immediately after an attempted abortion is entitled to the same rights, powers, and privileges as any other child born alive in the course of natural birth and requiring healthcare providers to take reasonable and medically appropriate measures to preserve the life and health of born-alive infants.
- Florida considered legislation prohibiting sex-selection abortions, regulating abortion clinics, requiring abortion providers to meet certain qualifications, strengthening informed consent requirements, and relating to insurance coverage of abortion.
- Florida also considered measures related to advance planning documents, pain management, and palliative care.

RECOMMENDATIONS FOR FLORIDA

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Reflection period for abortion
- Women’s Health Protection Act (including regulation of facilities providing first-trimester abortions)
- Abortion-Inducing Drugs Safety Act
- Parental Consent for Abortion Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act (protecting a child from conception)
- Unborn Wrongful Death Act
- Born-Alive Infant Protection Act
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

GEORGIA

RANKING: 13

Georgia law provides significant legal protections for women and the unborn including a ban on abortions at or after 5-months of pregnancy, a requirement for parental involvement for a minor considering abortion, and an ultrasound requirement. However, it does not require that abortion clinics meet the same patient care standards as other facilities performing other invasive, outpatient surgeries.

Abortion:

- Georgia prohibits abortion at or after 5-months (*i.e.*, 20-weeks) gestation based upon the pain felt by the unborn child, but the law is in litigation. Further, if an abortion is performed at or after 5 months of pregnancy, the abortion provider must report the medical diagnosis that necessitated the procedure.
- Georgia prohibits partial-birth abortions performed after viability.
- Georgia requires that, 24 hours prior to an abortion, a woman receive information on the medical risks of abortion and pregnancy and the gestational age of the unborn child. A woman must also receive information on medical assistance benefits, child support, and the right to review state-prepared material on a state-sponsored website.
- In addition, a woman must be orally informed that information on fetal pain is available on the state-sponsored website.
- A woman must also be offered the opportunity to view any ultrasound performed as part of the preparation for the abortion. State-developed materials must include information on organizations that provide ultrasounds.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 until at least 24 hours after notice has been given in person or over the telephone to one parent, unless notice is waived in person by the parent who also presents photo identification, there is a medical emergency, or the minor obtains a court order.
- Georgia imposes cursory administrative requirements on abortion clinics operating in the state. Further, second- and third-trimester abortions must be performed in hospitals or ambulatory surgical centers.
- Only physicians licensed to practice medicine and surgery in the state may perform abortions.
- Georgia follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- Georgia includes “reproductive healthcare facilities” in the definition of mandatory reporters for suspected child abuse.
- No facility operated on public school property or operated by a public school district and no employee of any such facility acting within the scope of such person’s employment may provide abortions, abortion referrals, or abortion-inducing drugs.
- Georgia includes mifepristone (*i.e.*, RU-486) in its definition of “dangerous drugs” which may be dispensed only upon prescription by a “registered practitioner.” However, “practitioner” is defined broadly to include physicians, advance practice nurses, physician assistants, and even veterinarians.
- Georgia offers “Choose Life” license plates, the proceeds of which benefit pregnancy resource centers and/or other organizations providing abortion alternatives.

Legal Recognition and Protection of Unborn and Newly Born:

- Under Georgia criminal law, the killing of an unborn child at any stage of gestation is defined as a form of homicide.
- Georgia also maintains the crime of “feticide-by-vehicle,” making the unborn child at any stage of development a potential victim under the state’s homicide-by-vehicle law.

- Georgia defines a nonfatal assault on an unborn child as criminal offense.
- Georgia allows a parent or other relative to bring a wrongful death (civil) lawsuit when an unborn child is killed (after “quickenning”) through the negligent or criminal act of another.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- Health insurance plans that provide prescription coverage must also provide coverage for contraception. There is no conscience exception for religious employers.

Participation in Research Harmful to Human Life:

- Georgia currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

Bioethics Laws:

- Georgia maintains no laws regulating human cloning, destructive embryo research, fetal experimentation, human egg harvesting, or assisted reproductive technologies.
- Georgia maintains the “Newborn Umbilical Cord Blood Bank” for postnatal tissue and fluid, making them available for medical research and treatment. All physicians and hospitals must inform pregnant patients of the full range of options for donation of postnatal tissue and fluids.
- Georgia law provides for embryo adoption.

What Happened in 2013:

- The Georgia House commemorated *Roe v. Wade* by naming the week of January 22, 2013 as “Reproductive Rights Awareness Week.” It also adopted a resolution commending the National Strategic Action Convening for State Legislators on Reproductive Rights and Justice Center for Women Policy Studies for adopting a policy resolution on “reproductive rights.”
- Georgia enacted a bill to make technical changes to the state’s existing Physician Orders for Life-Sustaining Treatment (POLST) law, and enacted regulations of pain management physicians and clinics.
- Georgia considered legislation amending its current 5-month abortion prohibition, which is in litigation, to a post-second trimester ban. It also considered legislation related to parental involvement, abortion funding, insurance coverage of abortion, and “Choose Life” license plates.
- The state considered legislation prohibiting human cloning for all purposes and the creation of chimeras (human-animal hybrids), as well as a measure creating a study committee on human embryonic research and the methods by which such research can be performed while recognizing and protecting human life.

End of Life Laws:

- Under Georgia law, assisting in another person’s suicide is a felony.
- The state maintains a Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program.

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- A person who objects in writing to participating in abortions and whose objections are based on moral or religious grounds may not be required to participate in any medical procedure that results in an abortion.
- A hospital, medical facility, or physician is not required to admit a woman for the purpose of performing an abortion.
- The state provides some protection for the conscience rights of pharmacists and pharmacies.

RECOMMENDATIONS FOR GEORGIA

Women’s Protection Project Priorities:

- Abortion Patients’ Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Consent for Abortion Act
- Parental Involvement Enhancements
- Components of the Child Protection Act related to evidence retention and remedies for third-party interference with parental rights

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Coercive Abuse Against Mothers Prevention Act
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act (providing protection from conception)
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

HAWAII

RANKING: 43

Hawaii lacks the most basic protections for women and unborn children. It fails to require informed consent for abortion, to mandate parental involvement in a minor's abortion decision, or to ensure that abortion clinics meet minimum health and safety standards. It also fails to protect unborn victims of violence and to ban destructive embryo research or human cloning.

Abortion:

- Hawaii has adopted a *Freedom of Choice Act*. The Act provides a “right” to abortion even if *Roe v. Wade* is eventually overturned, specifically providing that “[t]he State shall not deny or interfere with a female’s right to choose or obtain an abortion of a nonviable fetus or an abortion that is necessary to protect the life or health of the female.”
- Hawaii has no informed consent or parental involvement law.
- Hawaii maintains no enforceable abortion clinic regulations; however, only licensed physicians, surgeons, or licensed osteopathic physicians or surgeons may perform abortions.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC).
- Hawaiian taxpayers are required by statute to pay for “medically necessary” abortions for women receiving state medical assistance. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court’s broad definition of “health” in the context of abortion.
- Hawaii offers “Choose Life” license plates, the proceeds of which benefit pregnancy resource centers and/or other organizations providing abortion alternatives.

Legal Recognition And Protection of Unborn and Newly Born:

- Hawaii’s criminal law does not recognize or protect unborn children.

- The state allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- Hawaii does not require that appropriate medical care be given to infants who survive an attempted abortion.
- Hawaii has a “Baby Moses” law, which permits a person to leave an unharmed infant no more than 72-hours old at a hospital, fire station, or police station and be immune from prosecution for child abandonment. The professional receiving the child must inquire into the child’s medical history and provide information on social services to the person relinquishing the infant.

Bioethics Laws:

- Hawaii does not ban or regulate human cloning, destructive embryo research, fetal experimentation, or human egg harvesting.
- Further, the state does not promote ethical alternatives to destructive embryo research, nor does it maintain any meaningful regulation of assisted reproductive technologies.

End of Life Laws:

- In Hawaii, it is manslaughter if a person intentionally causes another person to commit suicide.
- Hawaii also has a “Pain Patients’ Bill of Rights” which directs the Hawaii State Board of Nursing to develop and implement a pain and palliative care policy.

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- Under Hawaiian law, no person or hospital is required to participate in abortions.
- Health insurance plans that provide prescription coverage must also provide coverage for contraception. A conscience exemption exists for religious employers.

Participation in Research Harmful to Human Life:

- Hawaii currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human

cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

- Hawaii also considered a bill to legalize physician-assisted suicide.

What Happened in 2013:

- Hawaii considered legislation banning partial-birth abortion, requiring parental involvement, and pertaining to abortion funding and insurance coverage of abortion.

RECOMMENDATIONS FOR HAWAII

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Women's Right to Know Act with reflection period
- Abortion Patients' Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Notification for Abortion Act
- Child Protection Act

Additional Priorities:

Abortion:

- Repeal State FOCA
- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women's Health Act
- Women's Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act
- Unborn Wrongful Death Act (for a pre-viable child)
- Born-Alive Infant Protection Act
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

End of Life

- Assisted Suicide Ban Act

Idaho taken effective legislative action to protect women and the unborn and maintains comprehensive legal protection for the conscience rights of healthcare providers. However, the state does not regulate emerging biotechnologies such as human cloning and destructive embryo research.

Abortion:

- Idaho has adopted a legislative declaration recognizing “the fundamental importance” of Idaho’s interest in preserving the lives of unborn children and declaring that it is the “public policy of this state that all state statutes, rules, and constitutional provisions shall be interpreted to prefer, by all legal means, live childbirth over abortion.”
- A 1996 decision by the Idaho Supreme Court has been interpreted as creating a state constitutional right to abortion that is broader than that provided by the U.S. Constitution.
- Idaho prohibits abortions at or after 5 months (*i.e.*, 20 weeks) on the basis of pain experienced by unborn children. The law is in litigation.
- Under Idaho law, a physician may not perform an abortion until 24 hours after he or she provides a woman with an “accurate and substantially complete” explanation of the abortion procedure to be used; the inherent risks and possible complications of the procedure, including possible effects on future childbearing; and alternatives to abortion and the risks of those alternatives. State-prepared material on fetal development, the availability of assistance from both public and private agencies, and a description of commonly used abortion procedures and their specific risks must also be made available to the woman.
- An abortion provider must offer a woman seeking an abortion the opportunity to view any ultrasound that is conducted in preparation for the procedure. Additionally, the woman has the right to ask for an ultrasound, even if the abortion provider does not routinely conduct one.
- Idaho prohibits anyone from coercing a woman into having an abortion and allows a victim of

coercive abuse to bring a civil suit against her abuser.

- Idaho requires written consent from one parent before an abortion is performed on a minor under the age of 18, unless there is a medical emergency, the pregnancy is the result of rape or incest, or a judicial order is obtained.
- Only physicians licensed by the state to practice medicine and surgery or osteopathic medicine and surgery may perform abortions.
- Idaho has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- Idaho follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest. It also provides that no funds available to the state Department of Health and Welfare, by appropriations or otherwise, may be used to pay for abortions, except when necessary to save the life of the mother or the pregnancy is the result of rape or incest.
- Idaho prohibits private insurance companies from covering abortion, except in cases of life endangerment.
- The state prohibits insurance companies from offering abortion coverage within state insurance Exchanges established pursuant to the federal healthcare law, except in cases of life endangerment, rape, or incest.

Legal Recognition And Protection of Unborn and Newly Born:

- Idaho defines the killing of an unborn child at any stage of gestation as homicide.
- Idaho defines a nonfatal assault on an unborn child as a criminal offense.
- Idaho allows a wrongful death (civil) action when a viable unborn child is killed through negligent or criminal act.

Bioethics Laws:

- Idaho has not enacted laws regulating human cloning, destructive embryo research, fetal

experimentation, or human egg harvesting, nor does it promote ethical alternatives to such destructive research.

- Idaho mandates that only physicians may perform artificial insemination and regulates semen donation.

End of Life Laws:

- In 2011, Idaho enacted a law making assisted suicide a felony.
- The state has implemented a Physicians Order for Life Sustaining Treatment (POLST) Paradigm Program.

HEALTHCARE freedom of Conscience:

Participation in Abortion:

- A physician is not required to perform or assist in abortions. The state protects “health care professionals” (principally, licensed medical providers, including pharmacists) who decline to participate in abortion or the distribution of abortion-inducing drugs.
- Nurses, medical technicians, hospital employees, and employees of physicians who object on religious, moral, or personal grounds are not required to participate in abortions. The objection must be in writing.
- A hospital, upon an objection of its governing board, is not required to admit a woman or permit the use of its facilities for the purposes of performing an abortion.

Participation in Research Harmful to Human Life:

- The state protects “health care professionals” (principally, licensed medical providers, including pharmacists) who decline to participate in human cloning, embryo research, and destructive stem-cell technologies.

What Happened in 2013:

- Idaho enacted a technical change to its “Medical Consent and Natural Death Act” which was recently strengthened to provide protections for a patient who has expressed a desire to continue life-sustaining care (through advance directives or those authorized to consent for him or her).
- Idaho considered legislation limiting abortions, regulating abortion clinics, and providing tax incentives or exemptions for pregnancy resource centers.

RECOMMENDATIONS FOR IDAHO

Women's Protection Project Priorities:

- Abortion Patients' Enhanced Safety Act
- Parental Involvement Enhancement Act
- Abortion-Inducing Drugs Safety Act
- Child Protection Act

Additional Priorities:

Abortion:

- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Defunding the Abortion Industry and Advancing Women's Health Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Care Centers

Legal Recognition and Protection for the Unborn:

- Born-Alive Infant Protection Act
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

In July 2013, the Illinois Supreme Court ended years of litigation and obstruction by abortion advocates, upholding the state's parental notification law. Not only does this long-awaited decision mean that minors in Illinois are now better protected from the parasitic abortion industry, but it also means that minors from other states will be less likely to cross state lines into Illinois, seeking to avoid their home states' parental involvement laws.

Abortion:

- Illinois prohibits a physician from performing an abortion on a minor under the age of 18 without providing 48-hours' notice to one parent or other adult family member. The law provides exceptions in cases of rape, incest, child abuse by an adult family member, or in a medical emergency, and permits a minor to seek a court order to bypass the notice requirement.
- Illinois' abortion clinic regulations are not uniformly applied to all of the state's abortion clinics.
- Only physicians licensed by the State of Illinois may perform abortions. A chiropractor's 1978 challenge to this requirement was rejected.
- Illinois has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure requires abortion providers to report short-term complications.
- Illinois requires abortion providers, as well as those who provide abortion referrals, to report suspected child abuse or neglect.
- Illinois taxpayers are required by court order to fund "medically necessary" abortions for women eligible for public assistance. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court's broad definition of "health" in the context of abortion.
- Illinois Department of Children and Family Services grants may be made to non-profit agencies and organizations which do not use such grants to refer for, counsel for, or perform abortions.

- In the state health plan, Illinois provides abortion coverage only when a woman's life is endangered.

Legal Recognition and Protection of Unborn and Newly Born:

- Under Illinois criminal law, the killing of an unborn child at any stage of gestation is defined as a form of homicide.
- Illinois defines a nonfatal assault on an unborn child as a crime.
- Illinois allows a wrongful death (civil) action when an unborn child at any stage of development is killed through a third-party's negligent or criminal act.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- Illinois maintains an *Abandoned Newborn Infant Protection Act*, or "Baby Moses" law, which includes a prohibition preventing persons accepting an infant under the Act from publicly discussing the circumstances surrounding the infant's legal surrender.
- The state defines substance abuse during pregnancy as "child abuse" under civil child-welfare statutes. Illinois also requires healthcare professionals to report suspected prenatal drug exposure and funds drug treatment programs for pregnant women and newborns.

Bioethics Laws:

- Under the *Stem Cell Research and Human Cloning Prohibition Act*, Illinois permits and funds destructive embryo research. While the Act prohibits cloning-to-produce-children, it specifically allows for "therapeutic cloning," making it a "clone-and-kill" state.
- The state Department of Public Health has been directed to establish a network of human cord blood banks. The Department also encourages healthcare providers to distribute a state-produced publication on umbilical cord blood banking, and encourages all licensed hospitals are to offer pregnant women the option to donate cord blood.
- Illinois does not regulate human egg harvesting, provides no meaningful regulation of assisted

reproductive technologies, and permits gestational surrogacy.

End of Life Laws:

- In Illinois, assisted suicide is a felony.
- Illinois maintains a Physicians Order for Life-Sustaining Treatment (POLST) Paradigm Program.

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- By statute, Illinois protects the civil rights of all healthcare providers, whether individuals, institutions, or payers (public or private), who conscientiously object to participating in any healthcare services, including abortion. The law includes protection for medical and nursing students, counselors, and social workers.
- A state appellate court has ruled that the Illinois rule forcing pharmacists to dispense “emergency contraception” violates the *Illinois Healthcare Rights of Conscience Act*.
- Health insurance plans that provide prescription coverage must also provide coverage for contraception. A conscience exemption is provided for religious employers.

Participation in Research Harmful to Human Life:

- By statute, Illinois protects the civil rights of all healthcare providers who conscientiously object to participating in procedures such as human cloning or destructive embryo research.

What happened in 2013:

- In *Hope Clinic for Women v. Adams*, the Illinois Supreme Court upheld the state’s parental notification law.
- Illinois considered legislation prohibiting abortion at 5 months of pregnancy, regulating abortion clinics, delineating qualifications for individual abortion providers, imposing an ultrasound requirement, limiting abortion funding, and establishing “Choose Life” license plates.

- The state considered a measure providing for fetal death or stillbirth certificates or requiring registration of such deaths. Illinois considered measures related to advance planning documents, as well as measures related to pain management and palliative care.
- In *Morr-Fitz v. Quinn*, a challenge filed by AUL in 2005, the Illinois Attorney General declined to appeal a state appellate court decision ruling that a rule forcing pharmacists to dispense “emergency contraception” violated the *Illinois Healthcare Rights of Conscience Act*.

RECOMMENDATIONS FOR ILLINOIS

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Women's Right to Know with reflection period
- Women's Health Protection Act (abortion clinic regulations)
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act
- Components of the Child Protection Act related to evidence retention and remedies for third-party interference with parental rights

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Abortion Complication Reporting Act
- Women's Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Defunding the Abortion Industry and Advancing Women's Health Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

INDIANA

RANKING: 8

In 2013, Indiana expanded its efforts to protect women and their unborn children from the harms of abortion, enacting a requirement that a physician examine a woman before providing abortion-inducing drugs and mandating the performance of an ultrasound before an abortion.

Abortion:

- Abortions may be performed at or after 5-months (*i.e.*, 20-weeks) gestation only for “medical necessity.”
- Indiana prohibits partial-birth abortion.
- Indiana law requires that, at least 18 hours before an abortion, a woman receive information about the type of abortion procedure to be used, the risks of and alternatives to that particular procedure (including the risks of chemical abortion), the probable gestational age of the unborn child, the risks associated with carrying the pregnancy to term, and the name of the physician who will perform the abortion. Further, the woman must be told about state medical assistance benefits, the father’s liability for child support, and abortion alternatives.
- A 2011 state law requires that informed consent information include the fact that human physical life begins when a human ovum is fertilized by a human sperm. Further, before an abortion, women must be informed that “objective scientific information shows that a fetus can feel pain” at or before 5 months (*i.e.*, 20 weeks) gestation. This law is in litigation.
- Indiana requires an ultrasound before abortion. The image must be displayed unless the woman signs a form indicating that she did not desire to see the image. Further, the auscultation of fetal heart tone must be made audible, if possible, unless the woman signs a form indicating that she does not wish to hear the heart tone.
- A physician may not perform an abortion on a minor under the age of 18 without the written consent of one parent unless there is a medical emergency or the minor obtains a court order.
- All facilities performing surgical abortions must be licensed by the state Department of Health and meet comprehensive health and safety standards. Indiana also requires that post-first-trimester abortions be performed in a hospital or ambulatory outpatient surgical center.
- A law requiring clinics providing chemical abortions to meet the same patient care standards as facilities providing surgical abortions has been challenged in federal court.
- Only physicians licensed to practice medicine in Indiana may perform abortions. Abortion providers must have admitting privileges in the county where they provide abortions or in a contiguous county.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- Every medical facility where abortions may be performed must be supplied with reporting forms provided by the state that require the reporting of, among other things, the post-fertilization age (of the pregnancy) and, if an abortion is performed at or after 5-months (*i.e.*, 20-weeks) gestation, the medical reason for the abortion.
- If an abortion is performed on a female who is less than 14 years of age, the physician who performed the abortion must transmit an informational form to both the state Department of Health and Department of Child Services within a specified time period.
- Indiana funds abortions for women eligible for public assistance when necessary to preserve the woman’s life or physical health or when the pregnancy is the result of rape or incest. It further provides that neither the state nor any political subdivision of the state may make a payment from any fund under its control for the performance of an abortion unless the abortion is necessary to preserve the life of the pregnant woman.
- The state Office of Women’s Health director and employees are not permitted to advocate, promote, refer for, or otherwise advance abortion or abortion-inducing drugs.
- The state prohibits insurance companies from offering abortion coverage within the state

insurance Exchanges established pursuant to the federal healthcare law, except in cases of life endangerment, substantial and irreversible impairment of a major bodily function, rape, or incest.

- Indiana requires that a physician examine a woman before providing abortion-inducing drugs effectively preventing the dangerous practice of “telemed abortion.” The law also provides that the drugs cannot be administered past nine weeks post-fertilization unless the FDA has approved them for such use. Indiana offers “Choose Life” license plates, the proceeds of which benefit pregnancy resource centers and/or other organizations providing abortion alternatives.

Legal Recognition and protection of the Unborn and Newly Born:

- Under Indiana criminal law, the killing of an unborn child after viability is defined as a form of homicide.
- A person who causes the death of a child *in utero* while committing murder or felony murder may be sentenced to an additional fixed term of imprisonment that is equal to the advisory sentence for murder. This provision applies at any stage of gestation.
- An assault on a viable unborn child is a prosecutable crime.
- In addition, Indiana defines criminal assaults on a pregnant woman that result in miscarriage, stillbirth, or “damage to pregnancy” as an enhanced offense for sentencing purposes.
- The state allows a wrongful death (civil) action only when an unborn child is born alive following a negligent or criminal act and dies thereafter.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- The state defines substance abuse during pregnancy as “child abuse” under civil child welfare statutes.
- The state Department of Health has been directed to develop a system of registry for stillbirth information.

Bioethics Laws:

- Indiana bans human cloning for any purpose and prohibits funding of human cloning.
- While the state does not explicitly ban destructive embryo research, it does prohibit research on embryos created from ova initially provided for use in *in vitro* fertilization (IVF) procedures as well as experimentation on aborted fetuses. However, the state’s prohibition on experimentation on embryos created for use in IVF explicitly excludes fetal stem-cell research from its application.
- Indiana has established a public umbilical cord blood bank and an educational initiative to promote public awareness of the importance of donating. Participating facilities must offer patients the option of donating cord blood following delivery.
- The state has also directed the Board of Trustees at Indiana University to establish an adult stem-cell research center.
- Indiana prohibits the purchase or sale of human ova, but does not prohibit certain transactions between a woman and a qualified IVF clinic for certain expenses (*e.g.*, earnings lost, travel expenses, medical expenses, or recovery time).
- The state does not otherwise regulate assisted reproductive technologies, but does prohibit gestational surrogacy contracts.

End of Life Laws:

- Assisting a suicide constitutes a felony.
- The state maintains a Physicians Order for Life Sustaining Treatment (POLST) Paradigm Program.

HEALTHCARE Freedom of Conscience:

Participation in Abortion and Contraception:

- A physician, hospital, facility employee, or staff member who objects on religious, moral, or ethical grounds is not required to participate in abortions.
- A private or religiously affiliated hospital is not required to permit the use of its facilities for the performance of an abortion.
- Indiana has a “contraceptive equity” law,

requiring health insurance coverage for contraception. No exemption is provided for employers or insurers with a moral or religious objection to contraception.

Participation in Research Harmful to Human Life:

- Indiana currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- Indiana enacted a measure, partially based upon AUL model language, requiring a physician to examine a woman before providing abortion-inducing drugs. The law effectively prevents the dangerous practice of “telemed abortion.” The law also provides that the drugs cannot be administered past nine weeks post-fertilization unless the FDA has approved them for such use and requires that informed consent information and state materials include information on the risks of abortion-inducing drugs.
- Indiana adopted an ultrasound requirement providing that the image must be displayed unless the woman signs a form indicating that she did not desire to see the image. Further, the provision mandates that the auscultation of fetal heart tone must be made audible, if possible, unless the woman signs a form indicating that she does not wish to hear the heart tone.
- Indiana adopted a measure requiring clinics providing chemical abortions to meet the same patient care standards as facilities providing surgical abortions.
- The state now allows midwives to provide the information required under the state's informed consent law.
- The state also enacted legislation increasing the possible criminal penalties for an abortion performed in violation of state statutes.
- Indiana allocated \$250,000 for “prenatal substance use and prevention” for pregnant women.
- Indiana considered legislation providing limited conscience protection for healthcare providers.

The state also considered legislation offering or expanding protection for healthcare payers, but such legislation would not be enforceable against the so-called “HHS mandate” that requires nearly all health insurance plans to provide full coverage (without co-pay) of all “FDA approved contraceptives.”

RECOMMENDATIONS FOR indiana

Women’s Protection Project Priorities:

- Abortion Patients’ Enhanced Safety Act
- Parental Involvement Enhancement Act
- Components of the Child Protection Act related to evidence retention and remedies for third-party interference with parental rights

Additional Priorities:

Abortion:

- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act (to protect a child from criminal assaults regardless of gestational age)
- Unborn Wrongful Death Act
- Pregnant Woman’s Protection Act

Bioethics:

- Promotion of ethical research alternatives

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

In 2013, the Iowa State Board of Medicine, acting on a petition filed by local physicians, passed a rule requiring that a physician examine a woman before administering abortion-inducing drugs and that the physician be present when the drugs are actually dispensed. This much-needed action puts an end to a practice – first introduced by Planned Parenthood – of promoting “telemed abortions,” a dangerous and cost-cutting procedure where abortion-inducing drugs are administered using video conferencing rather than in-person physician consultations.

Abortion:

- In 2002, Iowa issued an “Information, Not Criminalization” directive. The directive purportedly makes information on family planning, abortion, adoption, and other reproductive health information available to women at their request. However, the information is not mandated, and there are no penalties for failure to supply the information or to otherwise provide access to the information.
- A physician may not perform an abortion on an unmarried or never married minor under the age of 18 until at least 48 hours after written notice has been provided to a parent or grandparent, unless the minor is the victim of rape, incest, or child abuse; there is a medical emergency; or a court order is issued.
- Iowa taxpayers are required to pay for abortions for women eligible for state medical assistance if the continued pregnancy endangers the woman’s life; the unborn child is physically deformed, mentally deficient, or afflicted with a congenital condition; or the pregnancy is the result of reported rape or incest.
- The state requires abortion providers to meet certain informed consent requirements before performing abortions for which they plan to seek reimbursement from the state.
- Only physicians licensed to practice medicine and surgery in the State of Iowa or osteopathic physicians and surgeons may perform abortions.
- Iowa has an enforceable abortion reporting law,

but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.

- The Iowa State Board of Medicine requires that a physician physically examine a woman and document (in her medical record) the age and location of the pregnancy prior to administering abortion-inducing drugs. The rule also requires the physician to be present when the drugs are dispensed. The rule has been challenged by Planned Parenthood.

Legal Recognition and protection of Unborn and Newly Born:

- Iowa does not protect unborn children from criminal violence.
- Iowa law provides that an attack on a pregnant woman that results in a stillbirth or miscarriage is a criminal assault. It also requires an investigation into a newborn’s death when 1) the death is believed to have occurred during or after delivery and when the delivery was only attended by the mother; or, when 2) the medical examiner otherwise believes an investigation is warranted.
- The state allows wrongful death (civil) actions only when an unborn child is born alive following a negligent or criminal act and dies thereafter.
- Iowa has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive after viability.
- The state defines substance abuse during pregnancy as “child abuse” under its civil child welfare statutes. Iowa also requires healthcare professionals to report suspected prenatal drug exposure and to test newborns for drug exposure when there is suspicion of prenatal drug use or abuse.
- Iowa has authorized stillbirth certificates.

Bioethics Laws:

- Under the “Stem Cell Research and Cures Initiative,” Iowa allows cloning-for-biomedical-research and destructive embryo research, while prohibiting cloning-to-produce-children, making it a “clone-and-kill” state.
- The state does not prohibit fetal experimentation or promote ethical forms of research.

- Iowa does not regulate human egg harvesting or assisted reproductive technologies.

End of Life Laws:

- Assisting a suicide constitutes a felony in Iowa.
- Iowa maintains a Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program.

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- An individual who objects on religious or moral grounds is not required to participate in an abortion unless that abortion constitutes “emergency medical treatment” of a serious physical condition necessary to save the woman’s life.
- A private or religiously affiliated hospital is not required to perform or permit abortions that are not necessary to save the woman’s life.
- Health insurance plans that provide prescription coverage must also provide coverage for contraception. No conscience exemption is provided for religious employers.

Participation in Research Harmful to Human Life:

- Iowa currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- The Iowa State Board of Medicine adopted a rule requiring a physician to physically examine a woman and document in her medical record the age and location of her pregnancy prior to administering abortion-inducing drugs. The rule also requires the physician to be present when the drugs are dispensed.

- Iowa enacted a measure requiring abortion providers to meet certain informed consent requirements before performing abortions for which they plan to seek reimbursement from the state. It also considered legislation prohibiting abortion at 5-months development (*i.e.*, 20 weeks) and prohibiting sex-selective abortions.

RECOMMENDATIONS FOR IOWA

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Women’s Right to Know Act with reflection period
- Abortion Patients’ Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Consent Act for Abortion
- Parental Involvement Enhancement Act
- Components of the Child Protection Act related to evidence retention and remedies for third-party interference with parental rights

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Women’s Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act
- Unborn Wrongful Death Act
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

KANSAS

RANKING: 7

Under the tenures of Governor Sam Brownback and other pro-life leaders in legislature, Kansas has aggressively implemented a life-affirming legal strategy for protecting women and their unborn children. Since 2011, Kansas has, among other measures, limited the availability of abortion, adopted protective abortion clinic regulations, and ensured that taxpayers dollars are not used to subsidize abortions or abortion providers like Planned Parenthood.

Abortion:

- Kansas bans abortions at or after 5 months (*i.e.*, 20 weeks) on the basis of the pain experienced by unborn children.
- Kansas prohibits sex-selection abortions.
- Kansas prohibits partial-birth abortion.
- The state maintains a “delayed enforcement” provision prohibiting abortion should *Roe v. Wade* be overturned.
- Kansas permits abortions after viability only when an abortion provider has the documented referral from another physician not legally or financially affiliated with the abortion provider and both physicians determine that (1) the abortion is necessary to preserve the life of the pregnant woman, or (2) the continuation of the pregnancy will cause a substantial and irreversible impairment of a major bodily function of the pregnant woman. For purposes of the prohibition, for the “medical emergency” exception to apply, the underlying condition must be physical in nature and not resulting from the woman’s own behavior.
- Under Kansas law, a physician may not perform an abortion until at least 24 hours after a woman has received complete and accurate information on the proposed abortion method, the risks of the proposed method, the probable gestational age of the unborn child, the probable anatomical and physiological development of the unborn child, the medical risks of carrying the pregnancy to term, and the name of the physician who will perform the abortion. Further, a woman must be informed that “abortion will terminate the life of a whole, separate, unique, living human being” and be provided written information on medical assistance benefits, agencies offering alternatives to abortion, the father’s legal liability, and the development of the unborn child. In 2013, the state amended the law to include information on fetal pain and the right to view an ultrasound image, as well as the risks of breast cancer and pre-term birth following abortion.
- Women must also be informed that the state-mandated written materials are also available online and provided a list of organizations providing free ultrasound examinations.
- All women in “medically challenging pregnancies” must be given a list of websites for national perinatal assistance including information regarding which entities provide these services free of charge. Similarly, the state has authorized grants, contracts, or cooperative agreements to help a family after they learn that their child has Down syndrome or other conditions.
- Kansas requires an ultrasound evaluation for all women seeking abortions. Further, the physician or other healthcare professional must, at the request of the patient, review and explain the ultrasound results including the probable gestational age of the unborn child before the abortion procedure is performed.
- The state includes information about the abortion-breast cancer link in the educational materials a woman must receive prior to abortion.
- The state requires abortion providers to state in their printed materials that it is illegal for someone to coerce a woman into having an abortion. Clinics must also post signs stating that it is illegal to force a woman to have an abortion.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without the written, notarized consent of two parents, unless there is a medical emergency or the minor obtains a court order. The consent of only one parent is required when the parents are not married to each other, one cannot be found, or the minor is the victim of incest by her father (which must be reported).
- Any physician who performs an abortion on a minor under the age of 14 must retain fetal tissue

extracted during the procedure and send it to the Kansas Bureau of Investigation. The tissue is to be submitted “for the purpose of DNA testing and examination” and will be used to investigate (and, potentially, prosecute) incidents of child rape and sexual abuse.

- In 2011, Kansas enacted comprehensive health and safety regulations for abortion clinics which include a requirement that the clinic be licensed by the state. This law is currently in litigation.
- The state requires that a physician performing abortions have admitting privileges at an accredited hospital located within 30 miles of the abortion facility.
- Kansas has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- Kansas also requires reporting of the medical reasons supporting the termination of a late-term pregnancy.
- Kansas mandates that the state Department of Social and Rehabilitation Services produce and distribute a report on the number of child abuse reports received from abortion providers.
- Kansas follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- A Kansas law eliminating federal Title X funding for abortion providers is currently in litigation.
- No state funds may be expended for any abortion, and tax benefits for abortion or abortion providers are specifically prohibited.
- Contracts with the Kansas Department of Health and Environment’s pregnancy maintenance program may not be granted to groups that promote, refer for, or educate in favor of abortion.
- Abortions may not be performed in any facility, hospital, or clinic owned, leased, or operated by the University of Kansas Hospital Authority unless necessary to preserve a woman’s life or prevent “a serious risk of substantial and irreversible impairment of a major bodily function.”

- Kansas prohibits abortions in state-run or state-leased facilities except when necessary to save the woman’s life.
- School districts, district employees or volunteers, and educational service providers are prohibited from contracting with a school district to provide abortion services (except when necessary to save the woman’s life).
- Public health benefits coverage for children cannot be used for abortions or abortion coverage.
- Kansas prohibits private insurance companies from covering abortion, except in cases of life endangerment. Further, the state employee health benefits plan may not provide coverage for abortion except in cases of life endangerment.
- Kansas also prohibits insurance companies from offering abortion coverage within state insurance Exchanges established pursuant to the federal healthcare law, except in cases of life endangerment.
- When RU-486 or any drug is used for the purpose of inducing an abortion, the drug must be administered by or in the same room and in the physical presence of the physician who prescribed, dispensed, or otherwise provided the drug to the patient.
- The state provides direct funding to pregnancy resource centers and other organizations promoting abortion alternatives.

Legal Recognition and Protection of Unborn and Newly Born:

- Under Kansas law, an “unborn child” (from fertilization to birth) is a potential victim of murder, manslaughter, vehicular manslaughter, and battery.
- Kansas defines criminal assaults on a pregnant woman that result in miscarriage, stillbirth, or “damage to pregnancy” as an enhanced offense for sentencing purposes.
- The state allows a wrongful death (civil) action when a viable unborn child is killed through negligent or criminal act.
- The state prohibits wrongful birth and wrongful life lawsuits.
- Kansas law requires that an attending physician take “all reasonable steps necessary to maintain

the life and health” of a child (at any stage of development) who survives an attempted abortion.

Bioethics Laws:

- Kansas maintains no laws banning human cloning, destructive embryo research, or fetal experimentation and does not regulate human egg harvesting.
- The state has enacted a measure promoting morally responsible growth in the biotechnology industry. The state has specifically indicated that the terms “bioscience,” “biotechnology,” and “life sciences” shall not be construed to include 1) induced human abortions or the use of cells or tissues derived therefrom, and 2) any research the funding of which would be contrary federal law. The law effectively prohibits funding of human cloning and destructive embryo research.
- Kansas has directed the state Department of Health and Environment to develop and make available education and training (for healthcare providers) in the basic procedures and requirements for collecting and maintaining umbilical cords, cord blood, amniotic fluid, and placenta donations. A healthcare provider giving health services to a pregnant woman must advise her of post-delivery options to donate the umbilical cord.
- Kansas maintains no meaningful regulation of assisted reproductive technologies.

End of Life Laws:

- In Kansas, assisting a suicide is a felony.
- Kansas maintains a “Pain Patient’s Bill of Rights,” which, among other provisions, allows physicians to prescribe a dosage of opiates deemed medically necessary to relieve pain. The law does not expand the scope of medical practice to allow physician-assisted suicide or euthanasia.

HEALTHCARE freedom of Conscience:

Participation in Abortion:

- No person may be required to participate in medical procedures that result in abortion.
- No hospital may be required to perform abortions in its facilities.

- Kansas permits an individual or healthcare facility to refuse to perform, make referrals for, or participate in abortion services or services that the individual or facility “reasonably believes” would end a pregnancy.
- The state provides some protection for the conscience rights of pharmacists and pharmacies.

Participation in Research Harmful to Human Life:

- Kansas currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Kansas enacted a measure prohibiting sex-selection abortions and adopted a “delayed enforcement” provision prohibiting abortion should *Roe v. Wade* be overturned.
- It also enacted an omnibus measure that includes a provision amending the state’s late-term abortion prohibition and clarifying that a “medical emergency” must be physical in nature (and not resulting from the woman’s own behavior) in order for the exception (to the late-term prohibition) to apply.
- Kansas amended its informed consent requirements to include information on fetal pain and the right to view an ultrasound image, as well as the risks of breast cancer and pre-term birth following abortion. It also expanded the definitions of “counselor” and “qualified person” (who may provide the required information) and added detailed information on fetal development to the state-sponsored informed consent materials.
- The state amended the information that must appear on anti-coercion signs posted in abortion facilities to include the address for the state’s pregnancy resources website.
- Kansas enacted a requirement that women in “medically challenging pregnancies” be given a list of websites for national perinatal assistance including information regarding which entities provide such services free of charge. Similarly, the state authorized grants, contracts, or

cooperative agreements to help a family after they learn that their child has Down syndrome or other conditions.

- In a busy legislative session, the state also enacted a measure providing that no state funds may be expended for any abortion and prohibiting tax benefits for abortion or abortion providers.
- Kansas prohibited abortions in state-run or state-leased facilities (except when necessary to save the woman's life). Further, school districts, district employees or volunteers, and educational service providers are prohibited from contracting with a school district to provide abortion services (except when necessary to save the woman's life).
- The Kansas House and Senate adopted a resolution commending pregnancy resource centers.
- Kansas enacted a prohibition on wrongful birth and wrongful life lawsuits, as well as a measure that would provide for fetal death or stillbirth certificates or requiring registration of such deaths.
- Kansas considered a measure related to wrongful death (civil) causes of action for the death of unborn children.
- On the bioethics front, the state amended its stem cell therapy statute to require reporting on expenditures.
- Kansas considered a bill to legalize physician-assisted suicide.

RECOMMENDATIONS FOR KANSAS

Women's Protection Project Priorities:

- Abortion Patients' Enhanced Safety Act
- Parental Involvement Enhancement Act
- Components of the Child Protection Act related to mandatory reporters of suspected child sexual abuse and remedies for third-party interference with parental rights

Additional Priorities:

Abortion:

- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act (for a pre-viable child)

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

KENTUCKY

RANKING: 18

Kentucky has laid the groundwork for more aggressive efforts to protect women and their unborn children through its informed consent law, parental involvement law, and abortion clinic regulations. It also provides legal recognition and protection for unborn children in its homicide laws and protects the freedom of conscience of some healthcare providers. However, life-affirming laws are still needed to advance the goals of the *Women's Protection Project* and in the areas of human cloning and destructive embryo research.

Abortion:

- Kentucky's legislature has declared its opposition to abortion, stating that if the U.S. Constitution is amended or certain judicial decisions are reversed or modified, the legal recognition and protection of the lives of all human beings "regardless of their degree of biological development shall be fully restored."
- Under Kentucky law, a physician may not perform an abortion until at least 24 hours after a woman has received information about the probable gestational age of her unborn child, the nature and risks of the proposed abortion procedure, alternatives to abortion, and the medical risks of carrying the pregnancy to term. She must also be told that state-prepared materials are available for her review, that medical assistance may be available, and that the father is liable for child support even if he offered to pay for the abortion.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without the written consent of one parent, unless there is a medical emergency or a court order is issued.
- Kentucky requires abortion clinics to meet licensing requirements and minimum health and safety standards, including maintaining written policies and procedures, conducting appropriate patient testing, ensuring proper staffing, maintaining necessary equipment and medication, and providing medically appropriate post-operative care.
- Kentucky limits the performance of abortions to licensed physicians, and all abortion providers must maintain hospital admitting privileges.
- Kentucky has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- The state follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- Kentucky otherwise prohibits the use of public funds for abortions unless necessary to save the life of the mother.
- Kentucky restricts the use of some or all state facilities for the performance of abortion.
- Kentucky prohibits school districts from operating a family resource center or a youth services center that provides abortion counseling or makes referrals to a healthcare facility for the purpose of seeking an abortion.
- Hospitals with emergency room services may not counsel victims of reported sexual offenses on abortion.
- All private health insurance contracts, plans, and policies must exclude coverage for abortion unless the procedure is necessary to preserve the woman's life.
- Kentucky also prohibits insurance coverage of abortions for public employees.
- The state offers "Choose Life" license plates, the proceeds of which benefit pregnancy resource centers and/or other organizations providing abortion alternatives.

Legal Recognition and Protection of Unborn and Newly Born:

- The definition of "person" for purposes of Kentucky homicide laws includes "an unborn child from the moment of conception."
- Kentucky allows a parent or other relative to bring a wrongful death (civil) lawsuit when a viable unborn child is killed through the negligent or criminal act of another.

- Kentucky has enacted a “Baby Moses” law, under which a mother or legal guardian who is unable to care for a newborn infant may anonymously and safely leave the infant in the care of a responsible person at a hospital, police station, fire station, or other prescribed location.
- Healthcare professionals must test newborns for prenatal drug exposure when there is suspicion of maternal drug abuse.
- Kentucky has allocated \$1.4 million for substance abuse prevention and treatment for pregnant women.

Bioethics Laws:

- Kentucky maintains no laws regarding human cloning, destructive embryo research, or human egg harvesting, and it does not promote ethical alternatives to such destructive research.
- The state does not fully prohibit fetal experimentation, instead prohibiting only the sale or use of a live or viable aborted child.
- Kentucky does not regulate assisted reproductive technologies.

End of Life Laws:

- In Kentucky, assisting a suicide is a felony.

HEALTHCARE freedom of Conscience:

Participation in Abortion:

- A physician, nurse, hospital staff member, or hospital employee who objects in writing and on religious, moral, or professional grounds is not required to participate in an abortion. Kentucky law also protects medical and nursing students.
- Private healthcare facilities and hospitals are not required to permit the performance of abortions if such performance violates the established policy of that facility or hospital.

Participation in Research Harmful to Human Life:

- Kentucky currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Kentucky considered legislation prohibiting abortion at 5 months (*i.e.*, 20 weeks), prohibiting abortion when an unborn child has a heartbeat, regulating abortion clinics, delineating the qualifications for individual abortion providers, adopting an ultrasound requirement, and limiting insurance coverage of abortion.
- Kentucky enacted continuing medical education requirements for pain management and palliative care. It also considered comprehensive conscience protections for healthcare providers.

RECOMMENDATIONS FOR KENTUCKY

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Abortion Patients' Enhanced Safety Act
- Parental Involvement Enhancement Act
- Abortion-Inducing Drugs Safety Act
- Child Protection Act

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Women's Ultrasound Right to Know Act
- Defunding the Abortion Industry and Advancing Women's Health Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act (for a pre-viable child)
- Born-Alive Infant Protection Act
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

LOUISIANA

RANKING: 1

Louisiana maintains some of the nation's most comprehensive laws protecting the health and safety of women seeking abortions and providing legal recognition and protection to the unborn. In 2013, it continued to advance its life-affirming agenda, enacting provisions requiring the presence of a physician when abortion-inducing drugs are dispensed and prohibiting a person from performing an abortion unless that person meets certain professional and medical standards.

Abortion:

- Louisiana has declared that “the unborn child is a human being from the time of conception and is, therefore, a legal person for purposes of the unborn child’s right to life and is entitled to the right to life from conception under the laws and Constitution of this state.”
- Louisiana has enacted a measure banning abortion once *Roe v. Wade* is overturned. While the ban includes an exception for life endangerment, there is no exception for rape or incest.
- The state prohibits abortions at or after 5-months (*i.e.*, 20-weeks) gestation based on the pain felt by an unborn child.
- Louisiana bans partial-birth abortion throughout pregnancy except when necessary to save the life of the woman. The measure creates a civil cause of action for violations of the ban and includes more stringent criminal penalties than the related federal law, imposing a sentence of hard labor or imprisonment for one to ten years and/or a fine of \$10,000 to \$100,000.
- A physician may not perform an abortion until at least 24 hours after a woman has been provided information about the proposed abortion procedure, the alternatives to abortion, the probable gestational age of the unborn child, the risks associated with abortion, and the risks associated with carrying the child to term. She must also be told about available medical assistance benefits, the father’s legal responsibilities, and that her consent for an abortion may be withdrawn or withheld without any loss of government benefits.
- Importantly, to ensure that informed consent information focuses on a woman’s individual circumstances and that she has an adequate opportunity to ask questions, the required information must be provided to the woman individually and in a room that protects her privacy.
- Louisiana maintains a website providing the required informed consent information, as well as information on abortion alternatives. Abortion providers must give women the website’s address following their first contact.
- Louisiana also provides a booklet describing the development of the unborn child; detailing abortion methods and their risks; providing a list of public and private agencies, including adoption agencies, that are available to provide assistance; providing information about state medical assistance benefits; and describing a physician’s liability for failing to obtain a woman’s informed consent prior to an abortion.
- Printed materials must include a comprehensive list of facilities that offer obstetric ultrasounds free of charge.
- In addition, a woman considering an abortion must receive information about fetal pain, specifically she must be told about the availability of anesthesia or analgesics to prevent pain to the unborn child. Further, the mandatory informed consent materials state that, by 5-months (*i.e.*, 20-weeks) gestation, an unborn child can experience and respond to pain and that anesthesia is routinely administered to unborn children for prenatal surgery at 20-weeks gestation or later.
- Louisiana mandates that an ultrasound be performed before an abortion and requires that the person performing the ultrasound read a “script” that includes offering the woman a copy of the ultrasound print. In 2012, the state supplemented this requirement, mandating that the ultrasound images be displayed and an audible heartbeat be provided to a woman before an abortion.
- The state requires abortion providers to state in their printed materials that it is illegal for someone to coerce a woman into having an abortion. Further, abortion providers must post signs declaring that “it is unlawful for anyone

to make you have an abortion against your will, even if you are a minor.”

- A woman seeking an abortion following rape or incest and using state funds to pay for the abortion must be offered the same informed consent information (without the 24-hour reflection period) as is required for other abortions in the state.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without notarized, written consent from one parent unless there is a medical emergency or the minor obtains a court order.
- Further, the definition of “child abuse” includes coerced abortion. The state has authorized a court to issue a temporary restraining order prohibiting activities associated with a coerced abortion.
- Louisiana requires the licensing of abortion clinics and imposes minimum health and safety standards in a variety of areas, including clinic administration, professional qualifications, patient testing, physical plant, and post-operative care. Abortion providers must also maintain hospital admitting privileges.
- Louisiana law allows state officials to close an abortion clinic for any violation of state or federal law.
- Only physicians licensed to practice medicine in Louisiana may perform abortions. A person cannot perform an abortion unless that person is currently enrolled in or has completed a residency in obstetrics and gynecology or family medicine.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure requires abortion providers to report short-term complications and the name and address of the hospital or facility where treatment was provided for the complications.
- Louisiana follows the federal standard for Medicaid funding for abortions, only permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- Public funds may not be used “for, to assist in, or to provide facilities for an abortion, except when the abortion is medically necessary to prevent the death of the mother.”

- The state prohibits insurance companies from offering abortion coverage within state insurance Exchanges established pursuant to the federal healthcare law.
- Louisiana funds programs providing direct support for groups and organizations promoting abortion alternatives.
- The state requires the presence of a physician when abortion-inducing drugs are administered or dispensed and requires the scheduling of a follow-up appointment for the woman.
- Louisiana also offers “Choose Life” license plates, the proceeds of which benefit pregnancy resource centers and/or other organizations providing abortion alternatives.

Legal Recognition and protection Of Unborn and Newly Born:

- Under Louisiana criminal law, the killing of an unborn child at any stage of gestation is defined as a form of homicide. In addition, an “unborn child” is a victim of a “feticide” if killed during the perpetration of certain crimes, including robbery and cruelty to juveniles.
- Louisiana defines a nonfatal assault on an unborn child as a criminal offense.
- The state allows a wrongful death (civil) action when an unborn child at any stage of development is killed through a negligent or criminal act.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- Under the Louisiana Children’s Code, “neglect” includes instances when a newborn is identified by a healthcare provider as having been affected by prenatal drug use or exhibiting symptoms of drug withdrawal.
- Louisiana has also expanded the definition of “prenatal neglect” to include 1) “exposure to chronic or severe use of alcohol,” 2) the use of any controlled dangerous substance “in a manner not lawfully prescribed” that results in symptoms of withdrawal to the newborn, 3) the presence of a controlled substance or related metabolite in the newborn, or 4) observable and harmful effects in the newborn’s appearance or functioning.

- The state also funds drug treatment programs for pregnant women and newborns.

Bioethics Laws:

- Louisiana prohibits destructive embryo research and the funding of human cloning (although it does not explicitly ban human cloning).
- Louisiana does not fully ban fetal experimentation, instead prohibiting only experimentation on live-born human beings or fetuses *in utero*.
- Louisiana bans the creation of chimeras (human-animal hybrids).
- The state has established the “Umbilical Cord Blood Banking Program” to promote public awareness of the potential benefits of cord blood banking, to encourage research into the uses of cord blood, to facilitate pre-delivery arrangements for cord blood donations, and to promote professional education programs.
- The state regulates assisted reproductive technologies.
- Louisiana law allows for embryo adoption.

End of Life Laws:

- In Louisiana, assisted suicide is a felony.

HEALTHCARE freedom of Conscience:

Participation in Abortion:

- Any person has the right not to participate in or be required to participate in any healthcare service that violates his or her conscience (including abortion and the provision of abortion-inducing drugs) to the extent that “access to health care is not compromised.” The person’s conscientious beliefs must be in writing and patients must be notified. The law is not to be construed as relieving any healthcare provider from providing “emergency care.”
- A healthcare facility must ensure that it has sufficient staff to provide patient care in the event an employee declines to participate in any healthcare service that violates his or her conscience.

Participation in Research Harmful to Human Life:

- Any person has the right not to participate in or be required to participate in any healthcare service that violates his or her conscience (including human embryonic stem-cell research, human embryo cloning, euthanasia, or physician-assisted suicide) to the extent that “access to health care is not compromised.” The person’s conscientious beliefs must be in writing and patients must be notified. The law is not to be construed as relieving any healthcare provider from providing “emergency care.”
- A healthcare facility must ensure that it has sufficient staff to provide patient care in the event an employee declines to participate in any healthcare service that violates his or her conscience.

What Happened in 2013:

- Louisiana enacted a measure requiring the presence of a physician when abortion-inducing drugs are administered or dispensed, and requiring the scheduling of a follow-up appointment for the woman.
- Louisiana also enacted a measure prohibiting a person from performing an abortion unless that person is currently enrolled in or has completed a residency in obstetrics and gynecology or family medicine.
- The state also adopted a measure adding coerced abortion to the definition of “child abuse” and authorizing a court to issue a temporary restraining order prohibiting activities associated with a coerced abortion.
- The Louisiana House and Senate adopted a resolution urging the state Department of Health and Hospitals and other state entities to investigate and monitor the practices of Planned Parenthood Gulf Coast (PPGC) to determine whether the organization is in compliance with state and federal laws, such as laws regarding informed consent, parental consent, public funding, and the mandatory reporting of child abuse. Further, the resolution specifically requests that all grants and reimbursements under PPGC’s Medicaid provider agreement be suspended pending the outcome of an investigation into allegations against PPGC, and that it be denied any economic incentives for building, purchasing, or operating any facilities.

- Governor Bobby Jindal vetoed legislation that would have allowed gestational surrogacy contracts if approved first by a court.

RECOMMENDATIONS FOR LOUISIANA

Women’s Protection Project Priorities:

- Abortion Patients’ Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- Defunding the Abortion Industry and Advancing Women’s Health Act
- Prenatal Nondiscrimination Act

Legal Recognition and Protection for the Unborn:

- Prohibition on wrongful birth and wrongful life lawsuits
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Assisted Reproductive Technologies Disclosure and Risk Reduction Act

Maine provides minimal protection for women seeking abortions. For example, its parental involvement law contains a major loophole, allowing abortion providers to veto a parent's right to grant or withhold consent. Further, Maine is in the minority of states failing to provide meaningful legal recognition and protection to unborn victims of criminal violence.

Abortion:

- Maine has enacted a *Freedom of Choice Act* providing for a legal right to abortion even if *Roe v. Wade* is eventually overturned and stating that it is the public policy of Maine not to restrict access to abortion before viability.
- A physician may not perform an abortion on a woman until after advising her of the probable gestational age of the unborn child; the risks associated with continued pregnancy and the proposed abortion procedure; and, at the woman's request, alternatives to abortion and information about and a list of public and private agencies that will provide assistance if the woman chooses to carry her pregnancy to term.
- A physician may not perform an abortion on a minor under the age of 18 until after advising her about the alternatives to abortion, prenatal care, agencies providing assistance, and the possibility of involving her parents or other adult family members in her decision. Moreover, the physician must have the written consent of one parent or an adult family member unless he or she determines that the minor is "mentally and physically competent" to give consent or has secured a court order.
- Only physicians licensed to practice medicine or osteopathy by the State of Maine may perform abortions.
- Maine has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure governs both surgical and nonsurgical abortions.

- Maine follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.

Legal Recognition and Protection Of Unborn and Newly Born:

- Maine does not currently recognize an unborn child as a potential victim of homicide or assault.
- Maine provides for an enhanced sentence for the homicide of a pregnant woman and has created a new crime of "elevated aggravated assault" on a pregnant woman.
- The state requires healthcare providers to report all deaths of infants less than one year of age, as well as deaths of women during pregnancy and maternal deaths within 42 days of giving birth, to the "Maternal Infant Death Review Panel."
- The state allows a wrongful death (civil) action only when an unborn child is born alive following a negligent or criminal act and dies thereafter.
- Maine has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- Maine has a "Baby Moses" law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring that the infants receive appropriate care and protection.
- Maine provides for the issuance of a "Certificate of Birth Resulting in Stillbirth" when requested by a parent.
- The state requires a healthcare provider involved in the delivery or care of an infant suspected to have been exposed to drugs *in utero* to report the suspected exposure to the state Department of Health and Human Services.

Bioethics Laws:

- Maine does not maintain laws regarding human cloning, but its ban on fetal experimentation applies to live fetuses either intrauterine or extrauterine. Thus, its fetal experimentation statute could be read to prohibit harmful experimentation on human embryos.
- Maine does not regulate human egg harvesting or promote ethical forms of research.

- Maine maintains no meaningful regulation of assisted reproductive technologies.

End of Life Laws:

- In Maine, assisted suicide is a felony.

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- The conscientious objection of a physician, nurse, or other healthcare worker to performing or assisting in the performance of an abortion may not be the basis for civil liability, discrimination in employment or education, or other recriminatory action. Medical and nursing students are also protected.
- The conscientious objection of a hospital or other healthcare facility to permitting an abortion on its premises may not be the basis for civil liability or recriminatory action.
- Private institutions, physicians, or their agents may refuse to provide family planning services based upon religious or conscientious objections.
- The state provides some protection for the conscience rights of pharmacists and pharmacies.
- Health insurance plans that provide prescription coverage must also provide coverage for contraception. The provision includes an exemption so narrow that it excludes the ability of most employers and insurers with moral or religious objections from exercising the exemption.

Participation in Research Harmful to Human Life:

- Maine currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- Maine enacted a measure requiring an assessment of the state Code of Military Justice and other provisions of state law to ensure that these state laws provide "proper treatment" of state National Guard members who are victims of sexual assault, including insurance coverage of abortions

in cases of rape or incest for service women and military family members.

- Maine enacted a requirement that a healthcare provider involved in the delivery or care of an infant suspected to have been exposed to drugs *in utero* to report the suspected exposure to the state Department of Health and Human Services.
- Maine considered legislation involving informed consent, ultrasound, parental involvement, and abortion funding.
- The state also considered a measure related to wrongful death (civil) causes of action for the deaths of unborn children.

RECOMMENDATIONS FOR MAINE

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Women’s Right to Know Act with reflection period
- Abortion Patients’ Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Consent for Abortion Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- Repeal State FOCA
- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Women’s Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Protection and Recognition for the Unborn:

- Crimes Against the Unborn Child Act
- Unborn Wrongful Death Act
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

Maryland provides virtually no protection for women and minors considering abortion. It does not have an informed consent law, and its parental notice law contains a loophole that eviscerates the protection this requirement typically provides. It is also one of a small number of states that allows and funds destructive embryo research.

Abortion:

- The state maintains a “Freedom of Choice Act.” The Act mandates a right to abortion even if *Roe v. Wade* is eventually overturned, specifically providing that the state may not “interfere with the decision of a woman to terminate a pregnancy” before the fetus is viable, if the procedure is necessary to protect the life or health of the woman, or if the unborn child is afflicted by a genetic defect or serious deformity.
- Under current Maryland law, an unmarried minor under the age of 18 who lives with a parent may not undergo an abortion unless one parent has been notified by the physician. However, the law contains a significant loophole: a minor may obtain an abortion without parental notification if, in the professional judgment of the physician, notice to the parent may lead to physical or emotional abuse of the minor, the minor is mature and capable of giving informed consent to an abortion, or notice would not be in the “best interests” of the minor.
- Maryland taxpayers are required by statute to pay for “medically necessary” abortions for women eligible for public assistance. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court’s broad definition of “health” in the context of abortion.
- In July 2012, the state Department of Health and Mental Hygiene announced that abortion clinics will have to be licensed and meet minimum health and safety standards modeled after existing standards for outpatient surgical centers.
- Only licensed physicians may perform abortions.
- Maryland offers “Choose Life” license plates, the proceeds of which benefit pregnancy resource

centers and/or other organizations providing abortion alternatives.

Legal Recognition and Protection of Unborn and Newly Born:

- Maryland recognizes a “viable fetus” as a distinct victim of murder, manslaughter, or unlawful homicide. However, the law explicitly states that its enactment should not be construed as conferring “personhood” on the fetus.
- The state allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- Maryland law does not require physicians to provide appropriate medical care to an infant who survives an abortion.
- Maryland has a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants up to 10 days of age at designated places and ensuring that the infants receive appropriate care and protection.
- Maryland law provides that a child is not receiving proper care if he or she is born exposed to methamphetamine or if the mother tests positive for methamphetamine upon admission to the hospital for delivery of the infant. It funds drug treatment programs for pregnant women and newborns.
- A healthcare provider must report the delivery of an infant exposed to controlled substances to a local social services office. The report alone will not automatically trigger a child abuse or neglect investigation.

Bioethics Laws:

- Maryland prohibits cloning-to-produce-children, but not cloning-for-biomedical-research, making it a “clone-and-kill” state.
- Maryland maintains a “Stem Cell Research Fund” and allows and funds destructive embryonic research. However, funds may also be used for adult stem-cell research.
- Maryland does not prohibit fetal experimentation.
- Maryland appears to prohibit the sale or transfer of human eggs for “valuable consideration.” It proscribes the use of sperm or eggs from a “known donor” if the donor receives any remuneration for the donation. The prohibition

does not apply to anonymous donation to a tissue or sperm bank or to a fertility clinic.

- Umbilical cord blood donation educational materials are to be distributed to all pregnant patients.
- Maryland does not regulate assisted reproductive technologies, but does maintain provisions related to the parentage of children conceived using such technologies.

End of Life Laws:

- In Maryland, assisted suicide is considered a felony.
- The state maintains a Physician Orders for Life-Sustaining Treatment (POLST) Paradigm program.

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- Under Maryland law, no person may be required to participate in or refer to any source for medical procedures that result in an abortion.
- A hospital is not required to permit the performance of abortions within its facilities or to provide referrals for abortions.
- Health insurance plans that provide prescription coverage must also provide coverage for contraception. There is a conscience exemption for religious employers.

Participation in Research Harmful to Human Life:

- Maryland currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- Maryland enacted a fiscal year 2014 budget that continues a (relatively weak) prohibition on the use of money from the general fund for an abortion except when the mother's life or health, including mental health, are in danger, when the unborn baby has abnormalities, or when the pregnancy is the result of rape or incest.

- In *Greater Baltimore Center for Pregnancy Concerns v. Mayor and City Council of Baltimore*, the Fourth Circuit Court of Appeals, sitting *en banc*, reversed a lower court decision that had found a Baltimore ordinance regulating pregnancy resource centers unconstitutional. The case, and another out of Montgomery County, continues in federal district court.
- Maryland enacted a measure requiring a healthcare provider to report the delivery of an infant exposed to controlled substances to a local social services office. The measure specifically provides that the report alone will not automatically trigger a child abuse or neglect investigation. Maryland modified their Physician Orders for Life-Sustaining Treatment (POLST) program to permit physician assistants to update or complete a POLST form at the request of a patient.
- The state established palliative care pilot programs in certain hospitals.

RECOMMENDATIONS FOR MARYLAND

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Women’s Right to Know Act with reflection period
- Abortion Patients’ Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Meaningful parental involvement law
- Child Protection Act

Additional Priorities:

Abortion:

- Repeal State FOCA
- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Women’s Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act (protecting the child from conception)
- Unborn Wrongful Death Act (for a pre-viable child)
- Born-Alive Infant Protection Act
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

MASSACHUSETTS

RANKING: 40

Massachusetts has failed to make significant progress in protecting women and the unborn from the harms inherent in abortion, instead recognizing a broader constitutional right to abortion than that provided by the U.S. Constitution. It has also failed to adequately limit and regulate emerging biotechnologies and has considered measures to approve assisted suicide, endangering those at the end of life.

Abortion:

- The Massachusetts Constitution has been interpreted as providing a broader right to abortion than provided in the U.S. Constitution.
- Massachusetts' informed consent law is enjoined.
- Any person who provides prenatal care, postnatal care, or genetic counseling to parents with an unborn child diagnosed with Down syndrome must provide up-to-date information about Down syndrome. Mandated information includes information about physical, developmental, educational, and psychosocial outcomes; life expectancy; intellectual and functional development; treatment options; and information on educational and support groups.
- A physician may not perform an abortion on an unmarried minor under the age of 18 without the written consent of one parent unless there is a medical emergency or the minor obtains a court order.
- Massachusetts' requirement that abortions after the 12th week of pregnancy be performed in hospitals is, under current U.S. Supreme Court precedent, unenforceable.
- Only physicians authorized to practice medicine in the State of Massachusetts may perform abortions.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- Massachusetts taxpayers are required by court

order to pay for “medically necessary” abortions for women eligible for public assistance. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court’s broad definition of “health” in the context of abortion.

- State employee health insurance provides coverage of abortion only when a woman’s life or health is endangered or in cases of rape, incest, or fetal abnormality, and may not cover partial-birth abortions. Further, health maintenance organizations (HMOs) may not be required to provide payment or referrals for abortion unless necessary to preserve the woman’s life.

Legal Recognition and Protection of Unborn and Newly Born:

- The Massachusetts Supreme Court has determined that the state’s homicide law applies to the killing of an unborn child who has attained viability.
- The state allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- The state requires healthcare professionals to report suspected prenatal drug exposure.

Bioethics Laws:

- While Massachusetts prohibits cloning-to-produce-children, it statutorily permits cloning-for-biomedical-research and destructive embryo research, making it a “clone-and-kill” state.
- The Massachusetts Public Health Council has reversed a rule put in place during the gubernatorial administration of Mitt Romney that prohibited scientists from creating human embryos for the purpose of destroying them for research.
- The state funds destructive embryo research and allows tax credits for “life sciences,” including “stem cell research.”
- The state does not maintain a comprehensive ban on fetal experimentation, prohibiting only experimentation on live fetuses and allowing experimentation on dead fetuses with consent of the parents.
- Massachusetts requires a degree of informed consent before a physician can harvest human

eggs for purposes of assisted reproductive technologies. In the research setting, the state also prohibits the purchase of human eggs for “valuable consideration.”

- Massachusetts has established an umbilical cord blood bank for the purpose of collecting and storing umbilical cord blood and placental tissues. All licensed hospitals are required to inform pregnant patients of the opportunity to donate the umbilical cord and placental tissue following delivery.
- Massachusetts requires any person who provides prenatal care, postnatal care, or genetic counseling to parents with an unborn child diagnosed with Down syndrome to provide up-to-date information about Down syndrome. Mandated information includes information about physical, developmental, educational, and psychosocial outcomes; life expectancy; intellectual and functional development; treatment options; and information on educational and support groups.

End of Life Laws:

- In Massachusetts, assisted suicide remains a common law crime.

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- A physician or person associated with, employed by, or on the medical staff of a hospital or health facility who objects in writing and on religious or moral grounds is not required to participate in abortions. Medical and nursing students are also protected.
- A private hospital or health facility is not required to admit a woman for an abortion.
- Health insurance plans that provide prescription coverage must also provide coverage for contraception. The provision includes a conscience exemption so narrow it excludes the ability of most employers and insurers with moral or religious objections from exercising the exemption.

Participation in Research Harmful to Human Life:

- Massachusetts currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Massachusetts enacted legislation appropriating funds to the “Massachusetts Stem Cell Research Fund.”
- Massachusetts considered legislation prohibiting sex-selective abortions, proscribing partial-birth abortion, requiring parental involvement, and limiting abortion funding.
- Massachusetts considered legislation providing insurance coverage of artificial reproductive technologies and legislation striking portions of its current law allowing destructive embryo research and replacing it with language allowing research using human skin cells.
- Massachusetts considered a bill to legalize physician-assisted suicide.

RECOMMENDATIONS FOR MASSACHUSETTS

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Women’s Right to Know Act with reflection period
- Abortion Patients’ Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Women’s Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act (to protect an unborn child from conception)
- Unborn Wrongful Death Act (for a pre-viable child)
- Born-Alive Infant Protection Act
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

End of Life:

- Assisted Suicide Ban Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

MICHIGAN

RANK: 16

Michigan has an enviable record for protecting women and the unborn from the harms inherent in abortion including imposing medically appropriate patient care standards on abortion facilities, regulating the provision of chemical abortions, and limiting taxpayer funding of abortion and abortion providers. However, Michigan has not been as successful in limiting emerging biotechnologies. In 2008, Michigan voters approved a measure permitting and funding destructive embryo research.

Abortion:

- Michigan possesses an enforceable abortion prohibition should the U.S. Constitution be amended or certain U.S. Supreme Court decisions be reversed or modified.
- Michigan prohibits partial-birth abortion.
- A physician may not perform an abortion on a woman until at least 24 hours after the woman receives information on the probable gestational age of her unborn child, along with state-prepared information or other material on prenatal care and parenting, the development of the unborn child, a description of abortion procedures and their inherent complications, and assistance and services available through public agencies.
- Women must be informed of the availability of ultrasounds and be given the opportunity to view the results of an ultrasound prior to abortion.
- A physician to screen woman for coercion before performing an abortion. The Department of Community Health has been instructed to develop a notice concerning coerced abortions to be posted in abortion facilities.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without the written consent of one parent unless there is a medical emergency or the minor obtains a court order.
- The Michigan Attorney General has issued opinions that the state's informed consent and parental consent statutes apply both to surgical abortions and to the use of mifepristone (RU-486).
- Under Michigan law, abortion clinics (where more than 50 percent of the patients served undergo abortions) are regulated as "freestanding surgical outpatient facilities." The regulations provide for minimum health and safety standards in such areas as clinic administration, staff qualifications, and physical plant.
- Michigan limits the performance of abortions to licensed physicians.
- Michigan has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- Michigan follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- Michigan prohibits organizations that receive state funds from using those funds to provide abortion counseling or to make referrals for abortion, and only permits ultrasound grants if they will not be used for assisting in the performance of elective abortions.
- Family planning funds are prioritized for organizations which do not perform elective abortions within a facility owned or operated by the organization, make referrals for abortions, or have written policies which consider abortion a method of family planning.
- Michigan requires that a woman be examined and specifically prohibits physicians from utilizing an internet web camera for chemical abortions. The physician must also be present when the drugs are dispensed.

Legal Recognition and protection of Unborn and Newly Born:

- Under Michigan law, the killing of an unborn child at any stage of gestation is defined as a form of homicide.
- Michigan defines a criminal assault on a pregnant woman that result in miscarriage, stillbirth, or "damage to pregnancy" as an enhanced offense for sentencing purposes.

- Michigan defines a nonfatal assault on an unborn child as a crime.
- Michigan has applied the affirmative defense of “defense of others” to cases where a woman uses force (including deadly force) to protect her unborn child.
- The state allows a wrongful death (civil) action when an unborn child at any stage of development is killed through a negligent or criminal act.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- Michigan requires healthcare professionals to report suspected prenatal drug exposure.

Bioethics Laws:

- In November 2008, Michigan voters passed a “Stem Cell Initiative,” amending the state constitution to legalize destructive embryo research and to allow the funding of research on human embryos.
- Michigan does not maintain a comprehensive ban on fetal experimentation, prohibiting only experimentation on live fetuses and allowing research on dead fetuses with the consent of the mother.
- The Michigan Legislature has directed the state to establish a state-wide network of cord blood stem-cell banks and to promote public awareness and knowledge about the banks and banking options, if funds are available.
- Michigan does not maintain any meaningful regulation of assisted reproductive technologies.

End of Life Laws:

- In Michigan, assisted suicide is a felony.

HEALTHCARE freedom of Conscience:

Participation in Abortion:

- A physician, nurse, medical student, nursing student, or individual who is a member of, associated with, or employed by a hospital, institution, teaching institution, or healthcare facility who objects on religious, moral, ethical, or professional grounds is not required to

participate in abortions.

- A hospital, institution, teaching institution, or healthcare facility is not required to participate in abortion, permit an abortion on its premises, or admit a woman for the purposes of performing an abortion.

Participation in Research Harmful to Human Life:

- Michigan currently provides no protection for the rights of healthcare providers who conscientiously object to participating in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Michigan considered legislation amending its abortion clinic regulations, enhancing its informed consent requirements, and limiting taxpayer funding for abortion and abortion providers.
- Michigan considered measures related to advance planning documents, as well as measures related to pain management and palliative care.
- The state also considered legislation offering or expanding protection for healthcare payers, but such legislation would not be enforceable against the so-called “HHS mandate” that requires nearly all health insurance plans to provide full coverage (without co-pay) of all “FDA approved contraceptives.”

RECOMMENDATIONS FOR MICHIGAN

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Abortion Patients' Enhanced Safety Act
- Parental Involvement Enhancement Act
- Child Protection Act

Other Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women's Health Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Bioethics:

- Repeal of constitutional amendment permitting and funding destructive embryo research
- Promotion of ethical forms of research
- Assisted Reproductive Technologies Disclosure and Risk Reduction Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

MINNESOTA

RANKING: 24

Although the Minnesota Constitution has been interpreted to protect abortion to a greater extent than the U.S. Constitution, Minnesota has made some meaningful progress toward protecting women and unborn children. For example, it requires informed consent before abortion that includes information on the abortion-breast cancer link as well as information about perinatal hospice options for families facing lethal fetal anomalies. With regard to biotechnologies, however, Minnesota maintains little oversight or regulation, and it does not promote ethical alternatives to destructive embryo research.

Abortion:

- The Minnesota Constitution protects the “right to an abortion” as a fundamental right and to a greater extent than the U.S. Constitution.
- Minnesota’s informed consent law requires that a woman be given information on the risks of and alternatives to abortion at least 24 hours prior to undergoing an abortion.
- Minnesota requires that a physician or his or her agent advise a woman seeking an abortion after 5-months (*i.e.*, 20-weeks) gestation of the possibility that anesthesia will alleviate fetal pain.
- The state also explicitly requires a physician to inform a woman seeking abortion of the abortion-breast cancer link.
- Minnesota maintains a law prohibiting coerced abortions, defining “coercion” as “restraining or dominating the choice of a minor female by force, threat of force, or deprivation of food and shelter.” The provision only applies to employees in government-run social programs and prohibits threatening to disqualify eligible recipients of their financial assistance if they do not obtain abortion and is applied to older women as well as minors.
- Minnesota law provides that a physician may not perform an abortion on an unemancipated minor under the age of 18 until at least 48 hours after written notice has been delivered to both parents (unless one cannot be found after a reasonable effort) unless one of the following applies: the minor is the victim of rape, incest, or child abuse, which must be reported; there is a medical emergency; or the minor obtains a court order.
- Minnesota requires abortions after the first trimester be performed in a hospital or “abortion facility.”
- Only physicians licensed to practice medicine by the State of Minnesota or physicians-in-training supervised by licensed physicians may perform abortions.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- Minnesota taxpayers are required by court order to fund “medically necessary” abortions for women eligible for public assistance. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court’s broad definition of “health” in the context of abortion.
- Minnesota prohibits special grants from being awarded to any non-profit corporation which performs abortions. Further, grantees may not provide state funds to any non-profit corporation which performs abortions.
- Pregnancy alternative grants may not be used to encourage or affirmatively counsel a woman to have an abortion not necessary to prevent her death, to provide her with an abortion, or to directly refer her to an abortion provider for an abortion.
- The “Minnesota Care” public insurance program prohibits public funds from being used to cover abortions except when the mother’s life is in danger, she faces a serious health risk, or in cases of rape or incest.

Legal Recognition and protection Of Unborn and Newly Born:

- Under Minnesota law, the killing of an unborn child at any stage of gestation is defined as a form of homicide.
- Minnesota defines a nonfatal assault on an unborn child as a criminal offense.

- Minnesota allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive after attaining viability.
- Minnesota has a “Baby Moses” law allowing emergency service personnel to accept a relinquished infant who is seven days old or younger.
- A court may order a pregnant woman into an early intervention treatment program for substance abuse.
- Professionals, such as healthcare providers and law enforcement officers, must report suspected abuse of a controlled substance by pregnant women. In addition, healthcare professionals must test newborns for drug exposure when there is suspicion of prenatal drug use.
- The state also funds drug treatment programs for pregnant women and newborns.

Bioethics Laws:

- Minnesota does not explicitly prohibit human cloning or destructive embryo research.
- In 2011, the state allowed a former prohibition on the funding of human cloning to expire.
- Minnesota bans experimentation on a “living human conceptus,” meaning that experimentation on an aborted fetus is not prohibited.
- The state does not promote ethical alternatives to destructive embryo research.
- Minnesota maintains no meaningful regulation of assisted reproductive technologies.

End of Life Laws:

- In Minnesota, assisted suicide is a felony.

HEALTHCARE freedom of Conscience:

Participation in Abortion:

- Minnesota law provides that no person, hospital, or institution may be coerced, held liable for, or discriminated against in any way for refusing to perform, accommodate, or assist in an abortion. However, this provision has been held

unconstitutional as applied to public hospitals and institutions. Thus, public hospitals may be required to perform, accommodate, or assist in abortions.

- State employees may refuse to provide family planning services if contrary to their personal beliefs.
- Health plan companies and healthcare cooperatives are not required to provide abortions or coverage of abortions.

Participation in Research Harmful to Human Life:

- Minnesota currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Minnesota considered legislation related to abortion clinic regulations and public funding of abortion.

RECOMMENDATIONS FOR MINNESOTA

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Abortion Patient’s Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Consent for Abortion Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Women’s Ultrasound Right to Know Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act (for a pre-viable child)
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

MISSISSIPPI

RANKING: 15

Over the last several years, AUL has worked with Mississippi to enact numerous life-affirming laws, such as its informed consent law and comprehensive protection for healthcare freedom of conscience. In 2013, using AUL model legislation, Mississippi enacted legislation requiring a physician to physically examine a woman before administering abortion-inducing drugs. As a result of these and other efforts the state's abortion rate has dropped by more than 60 percent.

Abortion:

- In *Pro-Choice Mississippi v. Fordice*, the Mississippi Supreme Court found that the state constitution's right of privacy includes "an implicit right to have an abortion." However, the court still upheld the state's informed consent law, 24-hour reflection period before an abortion, and a two-parent consent requirement before a minor may obtain an abortion.
- Mississippi has enacted legislation banning abortion, except in cases of life endangerment, should *Roe v. Wade* be overturned.
- Mississippi prohibits partial-birth abortion.
- A physician may not perform an abortion on a woman until at least 24 hours after the woman receives counseling on the medical risks of abortion including the link between abortion and breast cancer, the medical risks of carrying the pregnancy to term, the probable gestational age of the unborn child, medical assistance benefits, and the legal obligations of the child's father. Mississippi also provides written material describing the development of the unborn child, the medical risks of abortion, available state benefits, and public and private agencies offering alternatives to abortion.
- In addition, an abortion provider is required to perform an ultrasound on a woman seeking abortion. The woman must be offered the opportunity to view the ultrasound image, receive a copy of the image, and listen to the unborn child's heartbeat. Abortion facilities must purchase ultrasound equipment.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without the written consent of both parents unless there is a medical emergency, the minor is the victim of incest by her father (in such circumstances, the consent of the minor's mother is sufficient), or the minor obtains a court order. The two-parent consent requirement has been upheld by both a federal appellate court and the Mississippi Supreme Court.
- Mississippi mandates minimum health and safety regulations for abortion clinics performing more than 10 abortions per month and/or more than 100 abortions per year. The regulations prescribe minimum health and safety standards for the building or facility, clinic administration, staffing, and pre-procedure medical evaluations.
- Further, Mississippi requires second-trimester abortions be performed in hospitals, ambulatory surgical facilities, or a licensed Level I abortion facility (as defined by state statute).
- Only practicing physicians licensed by the State of Mississippi may perform abortions. Abortion providers must maintain hospital admitting privileges and be board certified in obstetrics and gynecology.
- The *Abortion Complication Reporting Act* requires abortion providers to report any incident where a woman dies or needs further medical treatment as a result of an abortion. The measure applies to both surgical and nonsurgical abortions and requires hospitals to report the number of patients treated for complications resulting from abortions.
- The state also requires that deaths resulting from a criminal abortions, self-induced abortions, or abortions performed because of sexual abuse be reported to the medical examiner.
- Mississippi includes "reproductive healthcare facilities" in the definition of mandatory reporters for suspected child sexual abuse.
- Mississippi funds abortions for women eligible for public assistance when necessary to preserve the woman's life, the pregnancy is the result of rape or incest, or in cases involving fetal abnormalities.
- Mississippi restricts the use of state facilities for the performance of abortions.

- Public school nurses are prohibited from providing abortion counseling or referring any student to abortion counseling or abortion clinics.
- No money in the “Mississippi Children’s Trust Fund,” established to assist child abuse and neglect programs, may be used for abortion counseling.
- Health insurance funds for state employees may not be used for insurance coverage of abortion unless an abortion is necessary to preserve the life or physical health of the mother.
- Further, insurance companies participating in the state insurance Exchanges established pursuant to the federal healthcare law cannot offer policies that provide abortion coverage within the Exchanges, except in cases of life endangerment, rape, or incest.
- Mississippi offers “Choose Life” and “We Love Life” license plates, the proceeds of which benefit pregnancy resource centers and/or other organizations providing abortion alternatives.

Legal Recognition and protection OF Unborn and Newly Born:

- The killing of an unborn child at any stage of gestation is a form of homicide.
- Mississippi defines a nonfatal assault on an unborn child as a criminal offense.
- Further, Mississippi law also provides that an attack on a pregnant woman resulting in a stillbirth or miscarriage is a criminal assault.
- Mississippi authorizes a wrongful death (civil) action for an unborn child (after quickening) is killed through violence or negligence.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- Mississippi law protects the anonymity of the parent relinquishing a newborn under the state’s infant abandonment statute.

Bioethics Laws:

- Mississippi maintains no laws regarding human cloning, destructive embryo research, fetal experimentation, human egg harvesting, or assisted reproductive technologies.

- In each of the last three years, Mississippi has enacted appropriations measures prohibiting state funds from being used in research in which a human embryo is killed or destroyed.

End of Life Laws:

- In Mississippi, assisted suicide is a felony.

HEALTHCARE freedom of Conscience:

Participation in Abortion:

- The Mississippi *Healthcare Rights of Conscience Act*, based on AUL model legislation, provides comprehensive freedom of conscience protection for healthcare providers, institutions, and insurance companies (including pharmacists and pharmacies) who conscientiously object to participating in any healthcare service including abortion.

Participation in Research Harmful to Human Life:

- Mississippi protects the civil rights of all healthcare providers who conscientiously object to participating in any healthcare services, including destructive embryo research and human cloning.

What Happened in 2013:

- Mississippi enacted a measure, partially based on AUL’s *Abortion-Inducing Drugs Safety Act*, requiring that a physician examine a woman before providing abortion-inducing drugs. Further, the physician must follow “the standard of care,” and the provider or his or her agent must also schedule a follow-up appointment for the woman.
- Mississippi enacted three appropriations measures prohibiting state funds from being used in research in which a human embryo is killed or destroyed.
- It considered measures prohibiting abortion when an unborn child has a heartbeat, requiring abortion providers or personnel to report suspected child sexual abuse, restricting abortion funding.
- Mississippi considered legislation prohibiting destructive embryo research, human cloning for all purposes, and the creation of chimeras (human-animal hybrids).

RECOMMENDATIONS FOR MISSISSIPPI

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act
- Component of the Child Protection Act providing remedies for third-party interference with parental rights
- Penalties for failing to comply with the state's informed consent and parental consent laws

Additional Priorities:

Abortion:

- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act (for a pre-viable child)
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

MISSOURI

RANKING: 10

Missouri was the first state to mandate that abortion clinics meet the same stringent patient care standards as facilities performing other outpatient surgeries, protecting women from an increasingly substandard and predatory abortion industry and setting the “gold standard” for other states to follow. However, the state provides little protection to human embryos outside the womb, having amended the state constitution to allow cloning-for-biomedical-research.

Abortion:

- The legislature has found that the life of each human being begins at conception.
- As applied to its abortion-related laws, Missouri maintains a narrow definition of “medical emergency.” A medical emergency is deemed to exist only in situations where a woman’s life or a “major bodily function” is at risk.
- Missouri prohibits partial-birth abortion.
- Missouri has a post-viability abortion ban that allows an abortion only when 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, or when continuation of pregnancy will create a serious risk of substantial and irreversible physical impairment of a major bodily function of the pregnant woman. The law also requires a determination of gestational age according to specified standards, includes specific reporting requirements, and requires a second physician to concur that an abortion is “medically necessary.”
- At least 24 hours prior to abortion, a woman must be advised of the risks of abortion, given information about the development of her unborn child, and provided information on resources available to assist her in bringing her child to term. The law also requires that she be informed that abortion ends the “life of a separate, unique, living human being.”
- Abortion providers must offer an ultrasound to every woman seeking an abortion.
- Women seeking abortions at or after 22-weeks gestation must be counseled on fetal pain.
- Abortion clinics must provide a woman with confidential access to a telephone and a list of protective resources if she indicates that she is being coerced by a third party into seeking an abortion.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without the informed, written consent of one parent or a court order. Further, only a parent or guardian can transport a minor across state lines for an abortion.
- Missouri requires abortion clinics to meet the same patient care standards as other facilities performing surgeries in an ambulatory setting.
- Only physicians licensed by the state, practicing in Missouri, and having surgical privileges at a hospital that offers obstetrical or gynecological care may perform abortions. The Eighth Circuit Court of Appeals has upheld this requirement.
- A physician performing abortions must have admitting privileges at a hospital within a 30-mile radius of the facility where the abortion is performed.
- Missouri law provides that no person shall perform or induce a “medical abortion” unless such person has proof of medical malpractice insurance with coverage amounts of at least \$500,000.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- Missouri follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- Missouri law provides that it is unlawful for any public funds to be expended for the purpose of performing or assisting an abortion not necessary to save the life of the mother or for the purpose of encouraging or counseling a woman to have an abortion not necessary to save her life.

- The state has an extensive list of additional limitations on abortion funding, including the following: public facilities may not be used for performing, assisting in, or counseling a woman on abortion unless it is necessary to preserve her life; a state employee may not participate in an abortion; no school district or charter school or personnel or agents of these schools may provide abortion services or permit instruction by providers of abortion services; family planning services may not include abortions unless it is certified by a physician that the life of the mother is in danger; “Missouri Alternatives to Abortions Services Program” funding may not be granted to organizations or affiliates of organizations that perform or induce, assist in the performance or induction of, or refer for abortions; research grants may not be used in research projects that involve abortion services, human cloning, or prohibited human research, and cannot share costs with another prohibited study; and no money from the legal expense fund may be used to defend abortion.
- Private health insurance policies are prohibited from including coverage for abortion unless an abortion is necessary to preserve the life of the woman or an optional rider is purchased. Missouri also prohibits abortion coverage for state employees except in cases of life endangerment. Further, Missouri protects individual and group insurance consumers from paying for insurance coverage that violates their moral or religious beliefs.
- State health insurance for uninsured children cannot be used to encourage, counsel, or refer for abortions, with exceptions for life endangerment or in cases of rape or incest.
- Insurance companies participating in the state insurance Exchanges established pursuant to the federal healthcare law cannot offer policies that provide abortion coverage within the Exchanges, except in cases of life endangerment. There is a state constitutional amendment prohibiting the establishment, creation, or operation of a health insurance Exchange unless it is created by a legislative act, a ballot initiative, or referendum.
- Missouri has appropriated federal and state funds for women “at or below 200 percent of the Federal Poverty Level” to be used to encourage women to carry their pregnancies to term, to pay for adoption expenses, and/or to assist with caring for dependent children.
- Missouri requires that the initial dose in an abortion-inducing drug regimen be administered in the presence of a physician. The physician or an agent of the physician must also make all reasonable efforts to ensure that the woman comes back for a follow-up appointment.
- Missouri provides direct taxpayer funding to pregnancy resource centers and prohibits organizations that receive this funding from using those funds to provide abortion counseling or to make referrals for abortion.
- Missouri also provides tax credits for donations to pregnancy resource centers that do not perform or refer women for abortions.

Legal Recognition and protection Of Unborn and Newly Born:

- Under Missouri law, the killing of an unborn child at any stage of development is defined as a form of homicide.
- The state allows a wrongful death (civil) action when an unborn child at any stage of development is killed through a negligent or criminal act.
- Missouri has enacted AUL’s “Pregnant Woman’s Protection Act,” which provides an affirmative defense to women who use force to protect their unborn children from criminal assaults.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- Missouri has a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring that the infants receive appropriate care and protection.
- The state funds drug treatment programs for pregnant women and newborns.

Bioethics Laws:

- In November 2006, Missouri voters approved a ballot initiative amending the state constitution to allow cloning-for-biomedical research (while banning cloning-to-produce-children) and destructive embryo research. This constitutional amendment may mean that the state’s ban on public funding relates only to cloning-to-produce-children.

- The state’s prohibition on fetal experimentation applies only to a fetus aborted alive.
- Missouri has created a program funding the establishment of umbilical cord blood banks. The state Department of Health and Senior Services is to post resources regarding umbilical cord blood on its website including information on the potential value and uses of cord blood. State law authorizes a licensed physician giving care to a pregnant woman to provide information about this website.
- Missouri maintains no laws regarding human egg harvesting or assisted reproductive technologies.

End of Life Laws:

- In Missouri, assisted suicide constitutes manslaughter.

HEALTHCARE FREEDOM of Conscience:

Participation in Abortion:

- A physician, nurse, midwife, or hospital is not required to admit or treat a woman for the purpose of abortion if such admission or treatment is contrary to religious, moral, or ethical beliefs or established policy. Protection is also provided to medical and nursing students.
- A law requiring insurance coverage for obstetrical and gynecological care provides: “Nothing in this chapter shall be construed to require a health carrier to perform, induce, pay for, reimburse, guarantee, arrange, provide any resources for, or refer a patient for an abortion.”

Participation in Research Harmful to Human Life:

- Missouri currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- With the assistance of AUL’s state director, Missouri enacted a measure allowing contributions to pregnancy resource centers to be eligible for tax credits. Similarly, the state considered a measure specifying that the

constitutions and laws of the United States and Missouri must protect the rights of “alternatives-to-abortion agencies,” as well as a measure ensuring that pregnancy resource centers can freely engage in religious practices.

- Missouri enacted a law requiring that the initial dose in an abortion-inducing drug regimen be administered in the presence of a physician, and requiring that the physician or an agent of the physician make all reasonable efforts to ensure that the woman comes back for a follow-up appointment after a chemical abortion.
- Missouri considered legislation prohibiting sex-selection abortions, delineating qualifications for individual abortion providers, involving abortion reporting, and restricting abortion funding and insurance coverage of abortion.
- Missouri also considered legislation allowing or regulating destructive embryo research.
- Legislators considered measures offering limited conscience protection for healthcare providers, but it also considered legislation that would force pharmacists and/or pharmacies to stock and dispense so-called “emergency contraception” without regard to conscience objections.

recommendations for missouri

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act
- Abortion-Inducing Drugs Safety Act
- Component of the Child Protection Act mandating evidence retention

Additional Priorities:

Abortion:

- Prenatal Nondiscrimination Act
- Defunding the Abortion Industry and Advancing Women's Health Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Law criminalizing nonfatal assaults on the unborn

Bioethics:

- Assisted Reproductive Technologies Disclosure and Risk Reduction Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

Despite state court decisions holding that the state constitution provides a greater right to abortion than that provided in the U.S. Constitution and striking down several abortion-related laws, Montana, in recent years, has resumed efforts to protect women and unborn children. In 2012, Montana voters approved a ballot initiative requiring parental notification before abortion; and, in 2013, building on this momentum to protect minors and respect parental rights, the state legislature passed a measure, based on AUL model legislation, requiring notarized parental consent for a minor's abortion.

Abortion:

- State courts have held that the Montana Constitution provides a broader right to abortion than does the U.S. Constitution. Under the auspices of these decisions, several state laws have been declared unconstitutional, including laws limiting taxpayer funding for abortions; an earlier law requiring parental notice prior to a minor undergoing an abortion; requiring a 24-hour reflection period prior to an abortion; mandating that state-prepared, informed consent information be offered to a woman prior to an abortion; and requiring that only a licensed physician perform an abortion.
- Montana prohibits partial-birth abortion after the child attains viability.
- Montana “prohibits a physician from performing an abortion on a minor under 16 years of age unless a physician notifies a parent or legal guardian of the minor at least 48 hours prior to the procedure. Notice is not required if: (1) there is a medical emergency; (2) it is waived by a youth court in a sealed proceeding; or (3) it is waived by the parent or guardian. A person who performs an abortion in violation of the act, or who coerces a minor to have an abortion, is subject to criminal prosecution and civil liability.” In 2013, the state amended the law to require notarized parental consent and proof of identification. Both laws face legal challenges.
- Montana specifically allows physician assistants to perform abortions.

- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- Montana taxpayers are required by court order to fund “medically necessary” abortions for women eligible for public assistance. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court’s broad definition of “health” in the context of abortion.
- Montana allows residents in the state the choice to decide if they want health insurance or not, and which health insurance to buy if they choose to do so. As a result, if individuals, employers, and healthcare providers are not required to participate in a particular healthcare system, their freedom of conscience to object to providing or paying for certain services that are included in that system (e.g., abortion or life-ending drugs or devices) is protected.
- The state offers “Choose Life” license plates, the proceeds of which benefit pregnancy resource centers and/or other organizations providing abortion alternatives.
- Montana maintains a “Freedom of Clinic Access” (FACE) law, making it a crime to block access to an abortion facility and restricting how close sidewalk counselors and demonstrators can be to the facility.

Legal Recognition and protection Of Unborn and Newly Born:

- Montana permits the prosecution of a third party who intentionally kills an unborn child who has reached at least 8-weeks development.
- Under Montana law, a person commits an offense if he “purposefully, knowingly, or negligently causes the death of a premature infant born alive, if such infant is viable.”
- The state allows a wrongful death (civil) action when a viable unborn child is killed through negligent or criminal act.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.

- Montana has a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring the infants receive appropriate care and protection.
- Specific professionals are required to report any infant affected by drug exposure.
- Montana maintains a measure allowing a woman who loses a child after 20-weeks gestation to obtain a “Certificate of Birth Resulting in Stillbirth.”

Bioethics Laws:

- Montana bans cloning-to-produce-children, but not cloning for all purposes, making it a “clone-and-kill” state.
- The state does not prohibit destructive embryo research, and its prohibition on fetal experimentation applies only to children born alive (i.e., it does not apply to aborted fetuses).
- Montana does not promote ethical forms of research.
- The state maintains no meaningful regulation of assisted reproductive technologies.

End of Life Laws:

- The Montana Supreme Court has stated that it finds nothing in Montana Supreme Court precedent or state statutes indicating that physician-assisted suicide is against public policy—thus potentially paving the way for physician-assisted suicide in the state.

HEALTHCARE Freedom of Conscience:

Participation in Abortion and Contraception:

- On the basis of religious or moral beliefs, an individual, partnership, association, or corporation may refuse to participate in an abortion or to provide advice concerning abortion.
- A private hospital or healthcare facility is not required, contrary to religious or moral tenets or stated religious beliefs or moral convictions, to admit a woman for an abortion or to permit the use of its facilities for an abortion.
- Montana has a “contraceptive equity” requirement, meaning that health insurance coverage must include coverage for

contraception. There is no conscience exemption for employers or insurers with a religious or moral objection to contraception.

Participation in Research Harmful to Human Life:

- Montana currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Without the signature of Governor Steve Bullock, Montana enacted a law, based on AUL model language, requiring notarized parental consent and proof of identification before a minor obtains an abortion. However, in *Planned Parenthood of Montana v. Montana*, the abortion giant filed a lawsuit challenging the state’s parental notice law (passed by ballot initiative in 2012) and new parental consent law.
- Montana considered legislation related to abortion funding, as well as a state constitutional amendment related to abortion.
- A bill that permits the prosecution of a third party who intentionally kills an unborn child (who has reached at least 8-weeks development) became law without the governor’s signature.
- Montana considered a measure to prohibit wrongful birth and/or wrongful life lawsuits.
- Montana considered both a bill to legalize physician-assisted suicide and a bill to criminalize the practice.
- The state did not consider any measures related to biotechnologies or rights of conscience.

RECOMMENDATIONS FOR MONTANA

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Women’s Right to Know Act with reflection period
- Women’s Health Protection Act (abortion clinic regulations)
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- State constitutional amendment (providing that there is no state constitutional right to abortion)
- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Women’s Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act (to protect a child from conception)
- Unborn Wrongful Death Act
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive
- Embryo Research Act

End of Life:

- Assisted Suicide Ban Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

NEBRASKA

RANKING: 9

Nebraska was one of the first states to limit abortions at or after 5-months of pregnancy and also maintains strong informed consent and parental consent requirements, abortion clinic regulations, and restrictions on the use of taxpayer funds to pay for or subsidize abortions. Further, the state provides direct funding for ethical forms of stem-cell research.

Abortion:

- Nebraska bans abortions at or after 5-months (i.e., 20-weeks) gestation on the basis of the pain experienced by unborn children.
- Under Nebraska law, a physician may not perform an abortion on a woman until at least 24 hours after counseling the woman on the risks of abortion, the risks of continued pregnancy, and the probable gestational age of the unborn child. Nebraska also provides materials describing the development of the unborn child, the medical and psychological risks of abortion, available state benefits, and public and private agencies offering alternatives to abortion.
- An abortion provider who conducts an ultrasound prior to performing an abortion must display the ultrasound image of the unborn child so that the woman may see it.
- Nebraska also prohibits coercing a woman to have an abortion, and provides that such coercion is a Class III misdemeanor.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without the written, notarized consent of one parent, unless there is a medical emergency or the minor obtains a court order. If the minor is a victim of rape, incest, or abuse by a parent, she may obtain the consent of a grandparent.
- Nebraska mandates minimum health and safety standards for abortion clinics which, at any point during a calendar year, perform 10 or more abortions during a single calendar week. The regulations prescribe minimum health and safety standards for the building or facility, staffing, and medical testing of clinic employees.
- Only physicians licensed by the State of Nebraska may perform abortions.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- Nebraska follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- State-funded prenatal services may not be used for abortion counseling, referral for abortion, or funding for abortion.
- No funds appropriated or distributed under the *Nebraska Health Care Funding Act* may be used for abortions, abortion counseling, or referrals for abortions. Further, these funds may not be used for research or activity using fetal tissue obtained from induced abortion or human embryonic stem cells or for the purpose of obtaining other funding for such use.
- No funding from the “Woman’s Health Initiative Fund” may be used to pay for abortions.
- Nebraska prohibits organizations that receive public funds from using those funds to provide abortions, abortion counseling, or to make referrals for abortions.
- Nebraska prohibits private insurance companies from covering abortion, except in cases of life endangerment. Further, group health insurance contracts or health maintenance agreements paid for with public funds may not include abortion coverage unless an abortion is necessary to preserve the life of a woman.
- The state prohibits insurance companies from offering abortion coverage within state insurance Exchanges established pursuant to the federal healthcare law, except in cases of life endangerment.
- Nebraska bans so-called “telemed abortions” by requiring that a physician be present in the same room with a patient when he or she performs, induces, or attempts to perform or induce an abortion.

Legal Recognition and protection OF Unborn and Newly Born:

- Under Nebraska law, the killing of an unborn child at any stage of gestation is defined as a form of homicide. Nebraska law also provides penalties for the vehicular homicide of an unborn child.
- Nebraska criminalizes nonfatal assaults on an unborn child.
- State law maintains that any person who commits certain enumerated criminal offenses against a pregnant woman shall be punished by the imposition of the next higher penalty classification.
- The state allows a wrongful death (civil) action when an unborn child at any stage of development is killed through a third party's negligent or criminal act.
- Nebraska law requires that "all reasonable steps, in accordance with the sound medical judgment of the attending physician, shall be employed to preserve the life of a child" who is born alive following an attempted abortion at any stage of development.
- Nebraska has a "Baby Moses" law, prohibiting the criminal prosecution of someone who relinquishes a child to an on-duty hospital employee.
- The state funds drug treatment programs for pregnant women and newborns.
- Bioethics Laws:
 - Nebraska does not prohibit human cloning or destructive embryo research, but no state facilities or funds can be used for the performance of human cloning or destructive embryo research.
 - Nebraska prohibits experimentation only on an infant aborted alive and, therefore, does not prohibit experimentation on dead fetuses.
 - The state provides funding for ethical forms of stem-cell research. Nebraska has also appropriated funds for biomedical research that excludes research on fetal tissue from abortions or human embryonic stem cells.
 - Nebraska does not regulate assisted reproductive technologies.

End of Life Laws:

- In Nebraska, assisting a suicide is a felony.

HEALTHCARE Freedom of Conscience:

Participation in Abortion:

- A person is not required to participate in an abortion.
- A hospital, institution, or other facility is not required to admit a woman for an abortion or to allow the performance of an abortion within its facility.

Participation in Research Harmful to Human Life:

- Nebraska currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, and other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- Nebraska considered legislation pertaining to abortion clinic regulations, informed consent, and abortion funding.
- Nebraska appropriated funding for biomedical research, specifically excluding funding for research on fetal tissue from abortions or human embryonic stem cells.
- The state considered comprehensive conscience protections for healthcare providers.

RECOMMENDATIONS FOR NEBRASKA

Women's Protection Project Priorities:

- Abortion Patients' Enhanced Safety Act
- Parental Involvement Enhancements Act
- Child Protection Act

Additional Priorities:

Abortion:

- Defunding the Abortion Industry and Advancing Women's Health Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Prohibition on wrongful birth and wrongful life lawsuits
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

NEVADA

RANKING: 41

Nevada enacted its *Freedom of Choice Act* in 1990, providing for a legal right to abortion in the state even if *Roe v. Wade* is eventually overturned. As a result, over the last two decades, its abortion rate has been consistently higher than the national rate, and it has failed to enact commonsense, protective laws designed to protect women and children from the harms inherent in abortion.

Abortion:

- Nevada maintains a *Freedom of Choice Act*. It mandates a legal right to abortion even if *Roe v. Wade* is eventually overturned, specifically providing that abortions may be performed within 24 weeks after the commencement of a pregnancy. Because Nevada voters approved a ballot initiative providing this state “right” to abortion, the statute will remain in effect and cannot be amended, repealed, or otherwise changed except by a direct vote of the people.
- A physician may not perform an abortion on a woman until after the physician or other qualified person informs her of the probable gestational age of the unborn child, describes the abortion procedure to be used and its risks, and explains the physical and emotional consequences of abortion.
- Nevada’s parental notification law has been declared unconstitutional. The law sought to prohibit a physician from performing an abortion on an unemancipated minor under the age of 18 until notice had been given to one parent or a court order had been secured.
- Only physicians licensed by the State of Nevada or employed by the United States and using accepted medical practices and procedures may perform abortions. Chiropractic physicians and osteopathic medical professionals are explicitly prohibited from performing abortions.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC).
- Nevada follows the federal standard for Medicaid

funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.

Legal Recognition and protection of Unborn and Newly Born:

- Nevada criminal law defines the killing of an unborn child after “quickenning” (discernible movement in the womb) as a form of homicide.
- The state allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- Under Nevada law, all reasonable steps must be taken to preserve the life and health of an infant “whenever an abortion results in the birth of an infant capable of sustained survival by natural or artificial supportive systems.”
- The state defines substance abuse during pregnancy as “child abuse” under civil child welfare statutes.

Bioethics Laws:

- Nevada does not ban human cloning, destructive embryo research, or fetal experimentation, and it does not regulate human egg harvesting or assisted reproductive technologies.
- The state does not fund or otherwise promote ethical forms of research.

End of Life Laws:

- The legal status of assisted suicide in Nevada is undetermined. The state has not enacted a specific statute prohibiting assisted suicide, and it does not recognize common law crimes (including assisted suicide). Further, there is no judicial decision stating whether assisted suicide is a form of homicide under Nevada’s general homicide laws.
- The state maintains a Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program.

HEALTHCARE FREEDOM of Conscience:

Participation in Abortion and Contraception:

- Except in a medical emergency, an employer may not require a nurse, nursing assistant, or other employee to participate directly in the performance of an abortion if that person has previously signed and provided a written statement indicating a religious, moral, or ethical basis for conscientiously objecting to participation in abortions.
- Except in a medical emergency, a private hospital or licensed medical facility is not required to permit the use of its facilities for the performance of an abortion.
- Health plans providing prescription coverage must provide coverage for contraception. A conscience exemption applies to certain insurers affiliated with religious organizations.

Participation in Research Harmful to Human Life:

- Nevada currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, and other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- Nevada enacted a measure permitting gestational surrogacy. The state also considered legislation related to the status of children conceived through assisted reproductive technologies.
- Nevada established a Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program.
- The state also considered measures related to pain management and palliative care.

RECOMMENDATIONS FOR NEVADA

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Reflection period before abortion
- Abortion Patients’ Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Notification for Abortion Act
- Child Protection Act

Additional Priorities:

Abortion:

- Repeal State FOCA
- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Women’s Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act (protecting an unborn child from conception)
- Unborn Wrongful Death Act (for a pre-viable child)
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

End of Life:

- Assisted Suicide Ban Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

NEW HAMPSHIRE

RANKING: 34

New Hampshire law provides virtually no meaningful legal protections for women considering abortions, lacking an informed consent law, abortion clinic regulations, and late-term abortion limitations. It is one of only three states that does not protect the conscience rights of healthcare providers. However, state legislators and pro-life groups continue their attempts to address these deficiencies.

Abortion:

- New Hampshire prohibits partial-birth abortion.
- New Hampshire law allows abortions after viability, even in cases where the mother's life or health is not endangered.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 until at least 48 hours after written notice has been delivered to one parent, except when there is a medical emergency or when the minor obtains a court order.
- The state Department of Health is required to collect, compile, and maintain abortion statistics and to prepare and submit an annual report to the general court.
- New Hampshire follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.

Legal Recognition and protection of Unborn and Newly Born:

- New Hampshire does not criminalize the killing of an unborn child outside the context of abortion. However, it does provide that an attack on a pregnant woman which results in a stillbirth or miscarriage is a criminal assault.
- The state allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- New Hampshire has a "Baby Moses" law,

establishing a safe haven for mothers to legally leave their infants at designated places and ensuring the infants receive appropriate care and protection.

- New Hampshire has approved stillbirth certificates.

Bioethics Laws:

- New Hampshire does not ban human cloning, destructive embryo research, or fetal experimentation.
- The state does not promote ethical forms of research.
- New Hampshire has enacted regulations applicable to practitioners and participants in assisted reproductive technologies.

End of Life Laws:

- In New Hampshire, assisting suicide is a felony.

HEALTHCARE FREEDOM of Conscience:

Participation in Abortion and Contraception:

- New Hampshire currently provides no protection for the freedom of conscience of healthcare providers.
- New Hampshire law requires group or blanket health insurance policies issued or renewed by insurers, health service corporations, and health maintenance organizations to provide coverage for contraceptives if they otherwise provide coverage for outpatient services or other prescription drugs. The law contains no conscience exemptions for religious or other employers with ethical or moral objections to these drugs.

Participation in Research Harmful to Human Life:

- New Hampshire currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, and other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- New Hampshire considered legislation

prohibiting certain abortion and requiring informed consent.

- New Hampshire enacted a measure clarifying that, for purposes of an advanced directive, life-sustaining treatment includes medically administered nutrition and hydration.
- The governor vetoed a measure that sought to establish a committee to study end of life decisions.

RECOMMENDATIONS FOR NEW HAMPSHIRE

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Women's Right to Know Act with reflection period
- Abortion Patients' Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Consent for Abortion Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women's Health Act
- Women's Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act
- Unborn Wrongful Death Act (for a pre-viable child)
- Born-Alive Infant Protection Act
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

NEW JERSEY

RANKING: 45

New Jersey provides no meaningful protection for women considering abortion or for unborn victims of violence. Further, it directly supports the destruction of nascent human life by permitting and funding destructive embryo research. In 2013, the state considered few measures designed to protect life; however, Governor Chris Christie vetoed legislation that would have restored public funding for family planning services, including those provided by Planned Parenthood.

Abortion:

- The New Jersey Supreme Court has ruled that the state constitution provides a broader right to abortion than that contained in the U.S. Constitution. Pursuant to this ruling, the New Jersey Supreme Court has struck down the state's parental notification requirement and restrictions on the use of taxpayer funds to pay for abortions.
- New Jersey does not have an informed consent law or an enforceable parental involvement law for abortion.
- New Jersey requires that abortions after the first trimester be performed in licensed ambulatory care facilities or hospitals.
- Only physicians licensed to practice medicine and surgery in New Jersey may perform abortions.
- New Jersey provides court-ordered coverage for all "medically necessary" abortions for women eligible for public assistance. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court's broad definition of "health" in the context of abortion.
- Under the State Health Benefits plan, any contracts entered into by the State Health Benefits Commission must include coverage of abortion.

Legal Recognition and protection OF Unborn and Newly Born:

- New Jersey law does not recognize an unborn child as a potential victim of homicide or assault.
- The state allows a wrongful death (civil) action

only when an unborn child is born alive following a negligent or criminal act and dies thereafter.

- New Jersey does not require infants who survive an abortion to be given appropriate, potentially life-saving medical care.
- New Jersey has a "Baby Moses" law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring the infants receive appropriate care and protection.

Bioethics Laws:

- New Jersey prohibits cloning-to-produce-children, but not cloning-for-biomedical-research, making it a "clone-and-kill" state.
- The state allows and funds destructive embryo research and does not prohibit fetal experimentation.
- General hospitals are to advise every pregnant patient of the option to donate umbilical cord blood or placental tissue. Healthcare professionals are to provide pregnant women with state-prepared materials on umbilical cord blood donation and storage "as early as practicable," and preferably in the first trimester of pregnancy.
- State funding earmarked for "stem cell research" may also be available for adult stem-cell research.
- While the state does not maintain any meaningful regulation of assisted reproductive technologies, state law requires that informed consent materials include information on embryo donation.

End of Life Laws:

- In New Jersey, assisting a suicide is a felony.
- The state has a "bill of rights" for patients/residents of healthcare facilities including the right for competent patients/residents to "refuse treatment."

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- A person is not required to perform or assist in the performance of an abortion.
- A hospital or healthcare facility is not required to provide abortions. The New Jersey Supreme Court has determined that the law is unconstitutional as applied to nonsectarian or

nonprofit hospitals.

- New Jersey requires individual, group, and small-employer health insurance policies, medical or hospital service agreements, health maintenance organizations, and prepaid prescription service organizations to provide coverage for contraceptives if they also provide coverage for other prescription drugs. The provision includes a conscience exemption so narrow it excludes the ability of most employers and insurers with moral or religious objections from exercising it.

Participation in Research Harmful to Human Life:

- New Jersey currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, and other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- Governor Chris Christie vetoed legislation that would have restored public funding for family planning services including those provided to Planned Parenthood.
- New Jersey considered a measure to prohibit wrongful birth and/or wrongful life lawsuits, as well as a measure related to the reporting and/or treatment of suspected prenatal exposure to drugs and alcohol.
- New Jersey considered a bill to legalize physician-assisted suicide, as well as measures related to advance planning documents, pain management, and palliative care.

RECOMMENDATIONS FOR NEW JERSEY

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Women's Right to Know Act with reflection period
- Abortion Patients' Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Notification for Abortion Act
- Components of the Child Protection Act related to evidence retention and remedies for third-party interference with parental rights

Additional Priorities:

Abortion:

- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women's Health Act
- Women's Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act
- Unborn Wrongful Death Act
- Born-Alive Infant Protection Act
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

NEW MEXICO

RANKING: 38

New Mexico does not adequately protect the health and safety of women seeking abortions. It lacks an informed consent law, an enforceable parental involvement law, and comprehensive regulations for facilities performing abortions. Further, New Mexico also fails to protect nascent human life from potential abuses of biotechnology.

Abortion:

- The New Mexico Supreme Court has held that the Equal Rights Amendment to the state constitution provides a broader right to abortion than that provided by the U.S. Constitution. Under this ruling, the court has struck down restrictions on the use of taxpayer funding to pay for abortions.
- New Mexico prohibits partial-birth abortion after the child has attained viability.
- New Mexico does not have an informed consent law.
- New Mexico has enacted a parental notice law that is constitutionally problematic. The state Attorney General has issued an opinion that the law does not provide the constitutionally required judicial bypass procedure and is unenforceable.
- New Mexico provides court-ordered coverage for all “medically necessary” abortions for women eligible for public assistance. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court’s broad definition of “health” in the context of abortion.
- New Mexico maintains no regulations mandating that abortion clinics meet minimum patient care standards.
- Only physicians licensed in New Mexico may perform abortions.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.

Legal Recognition and Protection Of Unborn and Newly Born:

- New Mexico law does not recognize an unborn child as a potential victim of homicide or assault.
- New Mexico defines criminal assaults on a pregnant woman that result in miscarriage, stillbirth, or “damage to pregnancy” as enhanced offenses for sentencing purposes.
- The state allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- New Mexico does not require that an infant who survives an abortion be given appropriate medical care.
- New Mexico has a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring that the infants receive appropriate care and protection.
- The state provides for both reports of “spontaneous fetal death” (for an unborn child who has reached at least 20-weeks development) and for certificates of stillbirth.

Bioethics Laws:

- New Mexico does not prohibit human cloning or destructive embryo research, and its prohibition on fetal experimentation applies only to experimentation that might be harmful to a live fetus (*i.e.*, it does not apply to aborted fetuses).
- All healthcare providers are to advise pregnant patients of the option to donate umbilical cord blood following delivery.
- New Mexico maintains no meaningful regulation of human egg harvesting or assisted reproductive technologies, but the *Uniform Parentage Act* includes “donation of embryos” in its definition of “assisted reproduction.”

End of Life Laws:

- In New Mexico, assisting a suicide is a felony.

HEALTHCARE FREEDOM of Conscience:

Participation in Abortion and Contraception:

- A person associated with, employed by, or on the staff of a hospital who objects on religious or

moral grounds is not required to participate in an abortion.

- A hospital is not required to admit a woman for the purpose of performing an abortion.
- Health insurance plans that provide prescription coverage must also provide coverage for contraception. There is a conscience exemption for religious employers.

Participation in Research Harmful to Human Life:

- New Mexico currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, and other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- New Mexico considered legislation involving informed consent and parental involvement.
- New Mexico enacted a law adding fire stations and law enforcement agencies to a list of places where an infant may be legally relinquished.
- The state also enacted a measure providing for both reports of "spontaneous fetal death" (for an unborn child who has reached at least 20-weeks development) and for certificates of stillbirth.
- Governor Susana Martinez vetoed a bill allowing state officials to license a substance abuse treatment facility only if the facility grants admission preference to pregnant women and provides them with the same treatment received by women who are not pregnant.
- The state considered legislation promoting cloning-to-produce-children and allowing or regulating destructive embryo research.
- New Mexico considered measures related to pain management and palliative care.

RECOMMENDATIONS FOR NEW MEXICO

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Women’s Right to Know Act with reflection period
- Abortion Patients’ Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Notification for Abortion Act
- Child Protection Act

Additional Priorities:

Abortion:

- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Women’s Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act
- Unborn Wrongful Death Act (for a pre-viable child)
- Born-Alive Infant Protection Act
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

NEW YORK

RANKING: 47

New York lags far behind the majority of other states in protecting the health and safety of women considering abortion. It does not have either an informed consent or parental involvement law, and it does not provide effective limits on public funding for abortion. However, in 2013, with the assistance of AUL Action, New York rejected Governor Andrew Cuomo's "Woman's Equality Act" which would have elevated abortion to a fundamental legal right in the state, eliminating all existing protections for women considering abortion, rescinding protections for unborn victims of violence, and compromising the conscience rights of healthcare providers.

Abortion:

- In *Hope v. Perales*, the due process provision of the New York Constitution was interpreted as protecting a woman's right to an abortion.
- New York does not have an informed consent law for abortion and does not protect the right of parents to be involved in the abortion decisions of their minor daughters.
- New York taxpayers are required by statute to fund "medically necessary" abortions for women receiving public assistance.
- Under current legal precedent, New York's requirement that abortions after the first trimester be performed in hospitals is unenforceable.
- The state limits the performance of abortions to licensed physicians.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- New York provides funding to pregnancy resource centers and other abortion alternatives.
- New York maintains the crime of "aggravated interference with health care services" in the first and second degrees. The statute provides, in pertinent part, that "a person is guilty of the crime of aggravated interference with health care

services... when he or she... causes physical injury to such other person who was obtaining or providing, or was assisting another person to obtain or provide reproductive health services."

Legal Recognition and protection of Unborn and Newly Born:

- Under New York law, the killing of an unborn child after the 24th week of pregnancy is defined as a homicide.
- The state allows a wrongful death (civil) action only when an unborn child is born alive following a negligent or criminal act and dies thereafter.
- New York law states that the "opportunity to obtain medical treatment of an infant prematurely born alive in the course of an abortion shall be the same as the rights of an infant born spontaneously." Thus, the state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- New York has a "Baby Moses" law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring the infants receive appropriate care and protection.
- The state funds drug treatment programs for pregnant women and newborns.

Bioethics Laws:

- New York does not prohibit human cloning, destructive embryo research, or fetal experimentation.
- New York has a state board that disburses state monies for destructive embryo research. The monies may not fund cloning-to-produce-children.
- New York is the first state to publicly fund the dangerous procedure of human egg harvesting.
- The state does not regulate assisted reproductive technologies.

End of Life Laws:

- New York expressly prohibits assisted suicide which is defined as a form of manslaughter. This prohibition has been upheld by the U.S. Supreme Court.

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- A person who objects in writing and on the basis of religious beliefs or conscience is not required to perform or assist in an abortion.
- Staff members of the state Department of Social Services may refuse to provide family planning services if it conflicts with their cultural values, conscience, or religious convictions.
- Health plans that provide prescription coverage must provide coverage for contraception. The provision includes a conscience exemption so narrow it excludes the ability of most employers and insurers with moral or religious objections from exercising it.

Participation in Research Harmful to Human Life:

- New York currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, and other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- New York rejected the “Women’s Equality Act” which would have elevated abortion to a fundamental legal right in the state, eliminated all existing legal protections for women considering abortion, rescinded protections for unborn victims of violence, and compromised the conscience rights of healthcare providers.
- New York considered legislation prohibiting sex-selection abortions, as well as measures involving abortion clinic regulations, abortion reporting, informed consent, ultrasounds, parental involvement, and insurance coverage of abortion.
- Conversely, the state considered legislation that would have unnecessarily regulated or interfered with the work of pregnancy resource centers.
- New York appropriated funds to the “Empire State Stem Cell Trust Fund” and considered legislation prohibiting human cloning for all purposes, funding for cloning-to-produce-children, and providing valuable consideration for the “donation” of human gametes.
- New York considered legislation to prohibit

hospitals, nursing homes, residential healthcare facilities, or facilities providing health-related services, from withholding or withdrawing life-sustaining healthcare treatment from a patient or from discharging a patient from a facility over the objection of the patient, the patient’s designated healthcare agent, or the patient’s surrogate healthcare decision-maker. It also considered a measure clarifying that providing nutrition or hydration orally, without reliance on medical treatment, is not healthcare.

RECOMMENDATIONS FOR NEW YORK

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Women's Right to Know Act with reflection period
- Abortion Patients' Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Notification for Abortion Act
- Child Protection Act

Additional Priorities:

Abortion:

- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women's Health Act
- Women's Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act
- Unborn Wrongful Death Act
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

NORTH CAROLINA

RANKING: 21

In a busy 2013 legislative session, North Carolina enacted a number of protective requirements including a prohibition on sex-selection abortions, regulations of chemical and surgical abortions, and state taxpayer funding of abortion alternatives.

Abortion:

- North Carolina prohibits sex-selection abortions.
- In 2011, North Carolina enacted an informed consent law, which includes a 24-hour reflection period. Under the law, an abortion provider is required to provide, display, and describe ultrasound images to a woman seeking an abortion and offer her the opportunity to hear the fetal heart tones. The law is in litigation.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without the written consent of one parent or a grandparent with whom the minor has lived for at least six months, unless there is a medical emergency or a minor obtains a court order.
- North Carolina has enacted comprehensive regulations establishing minimum health and safety standards for abortion clinics. Among the areas regulated are clinic administration, staffing, patient medical evaluations, and post-operative care.
- In 2013, the state Department of Health was given discretion to apply ambulatory surgical center standards to abortion facilities. The impact of the new law is undetermined.
- Only physicians licensed to practice medicine in North Carolina may perform abortions. The physician must be present during the performance of the entire (surgical) abortion procedure.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- North Carolina follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the

woman or when the pregnancy is the result of rape or incest.

- North Carolina prohibits abortion coverage for public employees except in cases of life endangerment, rape, or incest.
- The state has limited funding for abortion through the health insurance plans offered through the health insurance Exchanges required by the federal healthcare law or offered through local governments.
- In 2012, the state enacted a law defunding abortion providers. A similar 2011 law had been enjoined.
- A physician must be present during the administration of the first drug in an abortion-inducing drug regimen.
- The state has authorized “Choose Life” license plates, the proceeds of which benefit entities providing abortion alternatives. A federal district court has ruled that the plates are unconstitutional because the North Carolina legislature did not offer a pro-abortion version of the plates. The law remains in litigation.

Legal Recognition and protection OF Unborn and Newly Born:

- North Carolina protects unborn victims of violence from conception until birth. “Lily’s Law” provides that the crime of homicide also includes situations where a child is born and dies from injuries received *in utero*.
- North Carolina defines a criminal assault on a pregnant woman that results in miscarriage, stillbirth, or “damage to pregnancy” as an enhanced offense for sentencing purposes.
- The state allows for a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- North Carolina does not require that infants who survive an abortion be given appropriate medical care.
- North Carolina has a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring the infants receive appropriate care and protection.
- The state funds drug treatment programs for pregnant women and newborns.

Bioethics Laws:

- North Carolina maintains no laws regarding human cloning, destructive embryo research, fetal experimentation, human egg harvesting, or assisted reproductive technologies.
- North Carolina requires the state Department of Health and Human Services to make publicly available publications on umbilical cord stem cells and umbilical cord blood banking. The Department also encourages healthcare professionals to provide the publications to their pregnant patients.

End of Life Laws:

- North Carolina's treatment of assisted suicide is unclear. While the state has statutorily adopted the common law of crimes, it has also abolished the common law crime of suicide. Assisted suicide may still be a common law crime.

Healthcare FREEDOM of Conscience:

Participation in Abortion and Contraception:

- An individual healthcare provider who objects on religious, moral, or ethical grounds is not required to participate in abortions.
- A hospital or other healthcare institution is not required to provide abortions.
- The state provides some protection for the conscience rights of pharmacists and pharmacies.
- Health insurance plans that provide prescription coverage must also provide coverage for contraception. The provision includes a conscience exemption so narrow that it excludes the ability of most employers and insurers with moral or religious objections from exercising it.

Participation in Research Harmful to Human Life:

- North Carolina currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- North Carolina enacted an omnibus measure

that includes a provision prohibiting sex-selection abortions and giving the state Department of Health discretion to apply ambulatory surgical center standards to abortion facilities.

- The state limited funding for abortion through the health insurance plans offered through the health insurance Exchanges required by the *Affordable Care Act* or offered through local governments.
- North Carolina enacted legislation requiring a physician to be present during the performance of the entire (surgical) abortion procedure. Physicians administering chemical abortion must be present for the administration of the first drug in an abortion-inducing drug regimen.
- In a busy legislative session, the state also enacted a measure requiring public schools to teach children that there is a link between abortion and pre-term birth. The instruction will be part of a mandated public health curriculum.
- North Carolina appropriated \$250,000 to Carolina Pregnancy Fellowship.
- The state enacted "Lily's Law," a measure providing that the crime of homicide includes situations where a child is born and dies from injuries received *in utero*.
- North Carolina considered legislation that would make assisted suicide unlawful; however, the bill lacked a criminal penalty for violations.
- The state enacted a provision protecting individual healthcare providers who object to participating in abortions. The state also considered legislation offering or expanding protection for healthcare payers, but such legislation would not be enforceable against the so-called "HHS mandate" that requires nearly all health insurance plans to provide full coverage (without co-pay) of all "FDA approved contraceptives."

RECOMMENDATIONS FOR NORTH CAROLINA

Women’s Protection Project Priorities:

- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act
- Components of the Child Protection Act related to evidence retention and remedies for third-party interference with parental rights

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act (for a pre-viable child)
- Born-Alive Infant Protection Act
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

End of Life:

- Assisted Suicide Ban Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

NORTH DAKOTA

RANKING: 12

In 2013, using AUL model language, North Dakota became the first state to ban abortions sought because of the unborn child has been diagnosed with genetic abnormalities. The law also bans sex-selection abortions. With the addition of these protective laws, North Dakota maintains some of the strongest legal protections for women considering abortion and their unborn children.

Abortion:

- North Dakota has enacted a measure banning abortion should *Roe v. Wade* be overturned.
- North Dakota prohibits abortions sought solely on account of a child's sex or because the child has been diagnosed with a genetic abnormality.
- North Dakota prohibits abortion at 5- months (*i.e.*, 20-weeks) development.
- It prohibits an abortion when there is a detectible heartbeat—as early as 6-weeks development. This law is currently in litigation.
- North Dakota prohibits partial-birth abortion.
- A physician may not perform an abortion on a woman until at least 24 hours after the woman has been informed of the medical risks associated with abortion, the medical risks of carrying the pregnancy to term, the probable gestational age of the unborn child, state assistance benefits, the father's legal obligations, the availability of state-prepared information on the development of the unborn child, and a list of agencies that offer alternatives to abortion. The woman must also be informed that “the abortion will terminate the life of a whole, separate, unique, living human being” and be provided information about the abortion-breast cancer link.
- Abortion providers must offer a woman the opportunity to view an ultrasound image of her unborn child.
- North Dakota prohibits anyone from coercing a woman into abortion. Further, abortion facilities must post a notice stating that no one can force a woman to have an abortion.
- A physician may not perform an abortion on an unmarried minor under the age of 18 without the written consent of both parents (or the surviving parent, custodial parent, or guardian) unless there is a medical emergency or the minor obtains a court order.
- Only physicians licensed by North Dakota to practice medicine or osteopathy or employed by the United States may perform abortions.
- The state also requires that abortion clinics maintain a transfer agreement with a local hospital to assist in the treatment of abortion-related complications. Further, abortion clinics must have a staff member trained in cardiopulmonary resuscitation.
- A provision requiring abortion providers to have admitting privileges at a local hospital and to be board certified in obstetrics/gynecology is in litigation.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- North Dakota follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- North Dakota law also provides that no state funds or funds from any agency, county, municipality, or any other subdivision thereof and no federal funds passing through the state treasury or a state agency may be used to pay for the performance or for promoting the performance of an abortion unless the abortion is necessary to prevent the death of the woman.
- No funds, grants, gifts, or services of an organization receiving funds distributed by the “Children's Services Coordinating Committee” may be used for the purposes of direct provision of contraception services, abortion, or abortion referrals to minors.
- An abortion may not be performed in hospitals owned or operated by the state, unless the abortion is necessary to preserve the life of the woman.
- State health insurance contracts, policies, and plans must exclude coverage for abortion unless

the abortion is necessary to preserve the woman's life.

- Private insurance companies are also prohibited from covering abortion except in cases of life endangerment.
- North Dakota bans “telemed abortions” by requiring that abortion-inducing drugs be administered by or in the same room and in the physical presence of the physician, who prescribed, dispensed, or otherwise provided the drug or chemical to the patient. The law is in litigation.
- North Dakota funds organizations that promote abortion alternatives.

Legal Recognition and protection Of Unborn and Newly Born:

- Under North Dakota criminal law, the killing of an unborn child at any stage of gestation is defined as homicide.
- North Dakota defines a nonfatal assault on an unborn child as a criminal offense.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive after viability.
- North Dakota requires healthcare professionals to report suspected prenatal drug exposure. In addition, healthcare professionals must test newborns for prenatal drug exposure when there is adequate suspicion of prenatal use by the mother.

Bioethics Laws:

- North Dakota prohibits both human cloning and fetal experimentation; however, it does not prohibit destructive embryo research.
- North Dakota allows healthcare professionals to inform pregnant patients of options relating to umbilical cord blood, and hospitals are to allow pregnant patients to arrange for such donations.
- The *Uniform Parentage Act* includes “donation of embryos” in its definition of “assisted reproduction,” but the state maintains no meaningful regulation of assisted reproductive technologies.

End of Life Laws:

- In North Dakota, assisting a suicide is a felony.

healthcare FREEDOM of Conscience:

Participation in Abortion:

- A hospital, physician, nurse, hospital employee, or any other person is not under a legal duty or contractual obligation to participate in abortions.

Participation in Research Harmful to Human Life:

- North Dakota currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, and other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- North Dakota enacted a law, based on AUL model legislation, to prohibit abortions sought solely on account of a child's sex or because the child has been diagnosed with a genetic abnormality. Planned Parenthood initially challenged the provision, but later dropped its claims.
- The state also enacted two other measures prohibiting abortion. One measure prohibits abortions at 5 months (i.e., 20 weeks) of pregnancy. The other measure prohibits abortions when there is a detectable heartbeat—as early as 6-weeks development.
- North Dakota enacted measures requiring abortion clinics to have a staff member trained in cardiopulmonary resuscitation and requiring abortion providers to have admitting privileges at a local hospital and to be board certified in obstetrics/gynecology.
- The state enacted a provision requiring physicians performing an abortion to report the post-fertilization age of the aborted child.
- North Dakota adopted legislation authorizing a 2014 ballot initiative that states “[t]he inalienable right to life of every human being at any stage of development must be recognized and protected.”
- In *MKB Management v. Burdick*, a state

trial court struck down the state’s regulation of abortion-inducing drugs. The state has appealed to the North Dakota Supreme Court.

- North Dakota considered legislation prohibiting the creation of chimeras (human-animal hybrids), limiting the number of human embryos created in a single reproductive cycle for purposes of assisted reproductive technologies, and prohibiting valuable consideration for the “donation” of human gametes.

RECOMMENDATIONS FOR NORTH DAKOTA

Women’s Protection Project Priorities:

- Abortion Patients’ Enhanced Safety Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act
- Born-Alive Infant Protection Act (for a pre-viable child)
- Pregnant Woman’s Protection Act

Bioethics:

- Promotion of ethical forms of medical research

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

Ohio maintains fairly comprehensive protections for women considering abortion and their unborn children, and it was the first state to regulate the provision of abortion-inducing drugs. However, it does not adequately protect vulnerable patients at the end of life, failing to prohibit assisted suicide.

Abortion:

- Ohio prohibits partial-birth abortion.
- Post-viability abortions are only permitted when the abortion is necessary to avoid the death of the pregnant woman or there is a serious risk of substantial and irreversible impairment of a major bodily function of the pregnant woman. Two physicians must verify the medical necessity.
- A physician may not perform an abortion on a woman until at least 24 hours after the physician informs her of the nature of the proposed abortion procedure and its risks, the probable gestational age of the unborn child, and the medical risks of carrying the pregnancy to term. The physician must also provide state-prepared materials describing the development of the unborn child, public and private agencies providing assistance, state medical assistance benefits, and the father's legal obligations.
- Ohio requires an abortion provider to offer a woman the opportunity to view an ultrasound and to obtain a copy of the image when an ultrasound is performed as part of the preparation for an abortion.
- As part of a budgetary measure, Ohio has mandated that before an abortion, the physician must attempt to determine if there is a fetal heartbeat. If a fetal heartbeat is detected, the abortion provider may not perform the abortion until 24 hours after he or she has informed the pregnant woman in writing that her baby has a heartbeat and of the statistical probability of bringing the baby to term based on the child's stage of development. The provision is in litigation.
- Abortion facilities must post signs informing a woman that no one can force her to have an abortion. The law increases the penalty for domestic violence if the offender knew the woman was pregnant, while also permitting the recovery of compensatory and exemplary damages when mandatory reporters fail to report suspected coercive abuse.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 until receiving the consent of one parent or guardian unless there is a medical emergency or the minor obtains a court order.
- Ohio licenses and regulates abortion clinics as a subset of ambulatory surgical centers. All abortion providers must maintain hospital admitting privileges.
- Ohio limits the performance of abortions to licensed physicians.
- Under current Ohio law, abortion providers must maintain a written transfer agreement with a hospital to facilitate care for women experiencing abortion complications. A 2013 requirement prohibiting publicly funded hospitals from entering into transfer agreements with abortion providers is in litigation.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- Ohio follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- Ohio maintains a "tiering system" for the allocation of family planning funding including funding for which abortion providers might be eligible. Under the system, first priority for funding is given to public entities that are operated by state or local government entities. Most abortion providers fall into the lowest priority category of this system.
- Ohio law also generally provides that state or local public funds shall not be used to subsidize an abortion, except in cases of life endangerment, rape, or incest.
- Several state funding sources include abortion-related limitations. For example, women's health

services grants may not be used to provide abortion services and may not be used for counseling or referrals for abortions, except in cases of medical emergency. Services using these grants must be physically and financially separate from abortion-providing and abortion-promoting activities. In addition, generic services funds may not be used to counsel or refer for abortions, except in cases of medical emergency, and the Breast Cancer Fund of Ohio may not use money for abortion information, counseling, or services or for any abortion-related activities.

- State employee health insurance may not provide coverage for abortion unless the abortion is necessary to preserve the woman's life, the pregnancy is the result of rape or incest, or an additional premium is paid for an optional rider.
- In 2004, Ohio enacted a law regulating the provision of RU-486 and creating criminal penalties for those providing the drug without following FDA-approved guidelines. The law also requires abortion providers to inform the state medical board whenever RU-486 leads to "serious complications."
- Ohio permits motorists to pay a \$30 fee for "Choose Life" specialty license plates, with \$20 from the proceeds of each plate designated for non-profit groups that encourage adoption.

Legal Recognition and protection of Unborn and Newly Born:

- Under Ohio criminal law, the killing of an unborn child at any stage of gestation is homicide.
- Ohio defines a nonfatal assault on an unborn child as a crime.
- Ohio allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- Ohio has a "Baby Moses" law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring the infants receive appropriate care and protection.
- The state funds drug treatment programs for pregnant women and newborns.
- Under the "Grieving Parents Act," the state permits a fetal death certificate and burial in the death of an unborn child.

Bioethics Laws:

- Ohio maintains no laws regarding human cloning, destructive embryo research, or human egg harvesting; however, it bans fetal experimentation.
- The Ohio Department of Health has been directed to place printable information on umbilical cord blood banking and donation on its website. It also encourages healthcare professionals to provide this information to pregnant women.
- Ohio maintains no comprehensive regulations of assisted reproductive technologies.
- The state maintains laws regarding the parentage of donated embryos.

End of Life Laws:

- Ohio has declared that assisted suicide is against public policy; however, state law does not criminalize assisted suicide. Under existing Ohio law, an injunction may be issued to prevent a healthcare professional from participating in a suicide, and assisting a suicide is grounds for professional discipline.

healthcare freedom of Conscience:

Participation in Abortion:

- No person is required to participate in medical procedures that result in an abortion.
- A hospital is not required to permit its facilities to be used for abortions.

Participation in Research Harmful to Human Life:

- Ohio currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- As part of a budgetary measure, Ohio mandated that before an abortion, the physician must attempt to determine if there is a fetal heartbeat. If a fetal heartbeat is detected, the abortion provider may not perform an abortion until 24 hours after he or she has informed the pregnant

woman in writing that her baby has a heartbeat and of the statistical probability of bringing the pregnancy to term based on the child's stage of development. This provision has been challenged in state court.

- The state also enacted a prohibition on publicly funded hospitals from entering into transfer agreements with abortion providers.
- The state also established a program to “provide services for pregnant women and parents or other relatives caring for children 12 months of age or younger” and to “promote childbirth, parenting, and alternatives to abortion.” Recipients of these funds cannot be involved in or associated with any abortion activities. This program has been challenged in state court.
- Ohio adopted a “tiering system” for the allocation

of family planning funding including funding for which abortion providers might be eligible. Under the measure, first priority for funding is given to public entities that are operated by state or local government entities.

- Ohio considered a measure to ensure that an individual's statutory priority to decide whether to withhold or withdraw life-sustaining treatment for a relative is forfeited if that individual is charged with causing the terminal condition of his or her relative.
- Ohio considered measures related to advance planning documents, as well as measures related to pain management and palliative care.

RECOMMENDATIONS FOR OHIO

Women's Protection Project Priorities:

- Abortion Patients' Enhanced Safety Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women's Health Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act (for a pre-viable child)
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

End of Life:

- Assisted Suicide Ban Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

OKLAHOMA

RANKING: 2

In 2013, Oklahoma enacted enhancements to their law requiring parental consent before a minor may have an abortion. These enhancements, based on AUL model language, make Oklahoma's parental consent law one of the strongest in the nation. The law establishes a state-mandated parental consent form that will present both parents and their daughter with the risks associated with abortion. In addition, the new law requires a parent or guardian to provide government-issued proof of identification before a minor's abortion. Finally, the measure amends the judicial bypass procedure to require that such proceedings be initiated in the county in which a minor resides and sets out specific factors a court must weigh in assessing whether a minor should have an abortion without parental involvement

Abortion:

- Oklahoma possesses an enforceable abortion prohibition should the U.S. Constitution be amended or certain U.S. Supreme Court decisions be reversed or modified.
- Oklahoma bans abortions at or after 5-months of pregnancy (*i.e.*, 20 weeks) on the basis of pain experienced by unborn children.
- Oklahoma prohibits partial-birth abortions and sex-selection abortions.
- Oklahoma has amended its definition of "abortion" to include the use of abortion-inducing drugs. It has also amended the definition of "medical emergency" as applied to all of its abortion laws, narrowing the exception to exclude "mental health" and applying it only to cases where a physical condition could cause the major impairment of a bodily function or death.
- Oklahoma requires that, 24 hours before an abortion, a woman receive counseling on the medical risks of abortion and pregnancy, the name of the physician performing the abortion, and the gestational age of the unborn child. The woman must also receive information on anatomical and physiological characteristics of fetuses at different stages of development and her right to receive state-prepared materials on potential government benefits, child support, and a list of support agencies and their services.
- Oklahoma has supplemented its informed consent requirements, mandating that women seeking abortions at 5- months gestation or later receive information about fetal pain.
- In December 2012, a law mandating the performance of an ultrasound prior to an abortion and requiring that the image be explained and displayed in a manner so that it is readily visible to the woman was struck down by the Oklahoma Supreme Court. The Oklahoma Attorney General has petitioned the U.S. Supreme Court to hear the case.
- A woman (at 6-weeks or later gestation) must be given an opportunity to hear the heartbeat of her unborn child.
- Abortion clinics must post signs indicating that a woman cannot be coerced into an abortion.
- A physician may not perform an abortion on an unemancipated minor without the written, notarized consent of a parent or guardian. A parent or guardian must provide government-issued proof of identification, and the abortion provider must also sign a document attesting to the quality of the identification provided. Judicial bypass proceedings must be initiated in the county where the minor resides, and justices must consider certain enumerated factors in assessing the maturity of the minor and the specific circumstances of the case. In a medical emergency, abortion providers must notify a parent or guardian of the minor's abortion no less than 24 hours after the procedure, unless the minor obtains a judicial waiver.
- The state maintains a separate parental notice provision that does not include a judicial bypass procedure.
- Oklahoma law mandates that abortion clinics meet minimal health and safety standards. The regulations prescribe minimum standards for the building or facility, clinic administration, and patient medical evaluations. An additional requirement that abortions after the first trimester be performed in a hospital has been ruled unconstitutional.
- Only physicians licensed to practice medicine in Oklahoma may perform abortions.

- Abortion providers must report specific and detailed information about each abortion and abortion patient including aggregate information on the number of women receiving state abortion counseling materials and the number of abortions exempted from the counseling requirement because of a “medical emergency.” In addition, abortion providers must report specific and detailed information regarding minors’ abortions, including whether they obtained the mandatory parental consent, whether the minors sought judicial bypass of the consent requirement, and whether or not such bypass was granted. The requirements apply to both surgical and nonsurgical abortions, but do not require that any of this information be reported to the Centers for Disease Control (CDC).
- In 2012, Oklahoma enacted a law permitting a woman (or parent or legal guardian, if applicable) to commence a civil action if an abortion provider violates the state’s informed consent law, ultrasound requirement, fetal pain counseling requirement, parental involvement law, or any other law regulating a minor’s abortion.
- Oklahoma follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- Under Oklahoma law, no public funds can be used to encourage a woman to have an abortion (except to the extent required by federal Medicaid rules).
- Oklahoma law restricts the use of state facilities for the performance of abortions and provides that no state actor may perform an abortion except in cases of life endangerment, incest, or rape. Healthcare providers who are state employees may not provide abortions, abortion referrals, or abortion counseling.
- Oklahoma prohibits taxpayer funding of any entity associated with another entity that provides, counsels, or refers for abortion.
- The state prohibits the use of research grants provided through the “Oklahoma Health Research Act” for abortion.
- Oklahoma prohibits private health insurance coverage for abortions, except in cases of life endangerment.
- The state also prohibits insurance companies from offering abortion coverage within state insurance Exchanges established pursuant to the federal healthcare law, except in cases of life endangerment.
- In 2012, the state enacted a provision prohibiting the use of telemedicine to administer abortion-inducing drugs.
- Oklahoma has directed the state Department of Health to “facilitate funding to nongovernmental entities that provide alternatives to abortion services.” It has also allocated direct taxpayer funding to abortion alternatives.
- The state offers “Choose Life” license plates, the proceeds of which benefit pregnancy resource centers and/or other organizations providing abortion alternatives.

Legal Recognition and protection Of Unborn and Newly Born:

- Oklahoma criminalizes the unlawful killing of an unborn child from “the moment of conception.”
- Oklahoma also criminalizes a nonfatal assault on an unborn child.
- The “Pregnant Woman’s Protection Act” provides an affirmative defense to a woman who uses force to protect her unborn child from a criminal assault.
- Oklahoma allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- Under Oklahoma law, “the rights to medical treatment of an infant prematurely born alive in the course of an abortion shall be the same as the rights of an infant of similar medical status prematurely born.” Thus, the state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- Oklahoma has a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring that the infants receive appropriate care and protection.
- Oklahoma requires healthcare professionals to report suspected prenatal drug exposure and mandates that the state Department of Human Services investigate when a newborn tests positive for controlled substances.

- The state bans civil causes of action for both “wrongful birth” and “wrongful life.”
- Bioethics Laws:
- Oklahoma bans human cloning for all purposes, destructive embryo research, and fetal experimentation.
- The state Department of Health has been directed to establish, operate, and maintain a public umbilical cord blood bank or cord blood collection operation. The Department has also been directed to establish a related education program, and each physician is to inform pregnant patients of the opportunity to donate to the bank following delivery.
- The state regulates the donation and transfer of human embryos used in assisted reproductive technologies and establishes that donors of embryos relinquish all parental rights with respect any resulting children.
- Oklahoma regulates assisted reproductive technologies.

End of Life Laws:

- In Oklahoma, assisting a suicide is a felony.

HEALTHCARE freedom Of Conscience:

Participation in Abortion:

- Oklahoma’s “Freedom of Conscience Act” provides broad conscience protections for individuals and institutions.
- No person is required to participate in medical procedures that result in or are in preparation for an abortion except when necessary to preserve a woman’s life.
- A private hospital is not required to permit abortions within its facilities.

Participation in Research Harmful to Human Life:

- The “Freedom of Conscience Act” provides broad conscience protections for individuals and institutions.

What Happened in 2013:

- Oklahoma enacted legislation, based on AUL model language, which requires a parent or guardian to provide government-issued proof

of identification before a minor’s abortion. The measure also amends the judicial bypass procedure to require that such proceedings be initiated in the county in which a minor resides and sets out specific factors a court must weigh in assessing whether a minor should have an abortion without parental involvement.

- The state enacted a separate measure requiring parental notice before abortion, without the option of a judicial bypass.
- Oklahoma amended its abortion reporting statute to require the provision of additional information including a screenshot of the ultrasound image.
- Oklahoma considered legislation prohibiting destructive embryo research.
- Oklahoma enacted a measure prohibiting a healthcare provider from withholding “life-preserving health care”—that the provider makes available to other patients and “the provision of which is directed by the patient” or the patient’s proxy—on a discriminatory basis. Oklahoma considered legislation offering or expanding protection for healthcare payers, but such legislation would not be enforceable against the so-called “HHS mandate” that requires nearly all health insurance plans to provide full coverage (without co-pay) of all “FDA approved contraceptives.”

RECOMMENDATIONS FOR OKLAHOMA

Women's Protection Project Priorities:

- Abortion Patient's Enhanced Safety Act
- Components of the Child Protection Act related to evidence retention and remedies for third-party interference with parental rights
- Amend the Abortion Inducing Drugs Act.

Additional Priorities:

Abortion:

- Defunding the Abortion Industry and Advancing Women's Health Act

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act (for a pre-viable child)

Bioethics:

- Egg Provider Protection Act
- Assisted Reproductive Technologies Disclosure and Risk Reduction Act

OREGON

RANKING: 44

Oregon has a dismal record on life, failing to protect women, the unborn, the sick, and the dying. For example, Oregon does not mandate informed consent or parental involvement before abortion, does not recognize an unborn child as a potential victim of homicide or assault, and does not limit destructive embryo research or human cloning. Sadly, Oregon was the first state in the nation to legalize physician-assisted suicide.

Abortion:

- Oregon does not provide even rudimentary protection for a woman considering an abortion. It does not have an informed consent law, an ultrasound requirement, a parental involvement law for minors seeking abortion, abortion clinic regulations, or a prohibition on anyone other than a licensed physician performing an abortion.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- Oregon taxpayers fund “medically necessary” abortions for women eligible for state medical assistance for general care. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court’s broad definition of “health” in the context of abortion.

Legal Recognition and protection Of Unborn and Newly Born:

- Current Oregon law does not recognize an unborn child as a potential victim of homicide or assault.
- The state allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- Oregon does not require that an infant who survives an abortion be given appropriate, potentially life-saving medical care.
- Oregon has a “Baby Moses” law, establishing a safe haven for mothers to legally leave their

infants at designated places and ensuring that the infants receive appropriate care and protection.

- The state funds drug treatment programs for pregnant women and newborns.

Bioethics Laws:

- Oregon maintains no laws regarding human cloning, destructive embryo research, fetal experimentation, or human egg harvesting. Further, it does not regulate assisted reproductive technologies.
- The state does not promote ethical forms of research.

End of Life Laws:

- Oregon permits physician-assisted suicide under statutorily specified circumstances.
- However, Oregon bans the sale of “suicide kits.”

HEALTHCARE FREEDOM of Conscience:

Participation in Abortion and Contraception:

- A physician is not required to participate in or give advice about abortion if he or she discloses this election to the patient.
- A hospital employee or medical staff member is not required to participate in abortions if he or she has notified the hospital of this election.
- A private hospital is not required to admit a woman for an abortion.
- A state Department of Human Services employee who objects in writing may refuse to offer family planning and birth control services.
- Health plans that provide prescription coverage must also cover prescription contraceptives. Religious employers may refuse coverage if their primary purpose is the inculcation of religious values, if they primarily employ and serve people with the same values, and if they are nonprofit entities under federal law.

Participation in Research Harmful to Human Life:

- Oregon currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a

provider's moral or religious belief.

What Happened in 2013:

- Oregon considered measures related to prohibiting abortions at 5-months (*i.e.*, 20-weeks) development, prohibiting sex-selection abortions, and abortion clinic regulations.
- Conversely, the state considered legislation imposing unnecessary regulations on pregnancy resources centers.

RECOMMENDATIONS FOR OREGON

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Women's Right to Know Act with reflection period
- Abortion Patients' Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Notification for Abortion Act
- Child Protection Act

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women's Health Act
- Women's Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act
- Unborn Wrongful Death Act (for a pre-viable child)
- Born-Alive Infant Protection Act
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

End of Life:

- Repeal of law permitting physician-assisted suicide

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

PENNSYLVANIA

RANKING: 5

Pennsylvania's efforts to protect women from the negative consequences of abortion have been ground-breaking, as memorialized in the landmark case *Planned Parenthood v. Casey*. Pennsylvania has led the way for other states by enacting such measures as informed consent, parental consent, and state funding of abortion alternatives. Even though Pennsylvania has developed significant life-affirming substantive law, the conviction of late term Philadelphia abortionist Kermit Gosnell in May, 2013 underscores the need for enhanced enforcement of existing law. Pennsylvania is not unique in this regard, but Kermit Gosnell's case highlights the urgency to put in place effective enforcement mechanisms for pro-life laws.

Abortion:

- In the landmark case *Planned Parenthood v. Casey*, Pennsylvania's informed consent requirements, mandated 24-hour reflection period prior to an abortion, and parental consent requirement for a minor seeking an abortion were upheld by the U.S. Supreme Court.
- The state requires abortion providers to state in their printed materials that it is illegal for someone to coerce a woman into having an abortion.
- Pennsylvania's parental consent law requires one-parent consent unless there is a medical emergency or a minor obtains a court order. The law permits substitute consent by any adult standing in *loco parentis* if neither parent is available.
- Pennsylvania requires that abortion clinics meet the same patient care standards as facilities performing other outpatient surgeries.
- Only physicians or doctors of osteopathy licensed to practice medicine in Pennsylvania may perform abortions. Abortion providers must also maintain hospital admitting privileges.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- Pennsylvania follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- Pennsylvania does not provide public funding or public facilities for an abortion unless the abortion is necessary to preserve the woman's life or the pregnancy is the result of rape or incest.
- No public funds for legal services or IOLTA (Interest on Lawyer Trust Account) funds may be used to advocate for or oppose abortion rights.
- Programs receiving funds through the state Department of Public Welfare Women's Services programs may not be used to promote, refer for, or perform abortions, or engage in any counseling to encourage abortion. Physical and financial separation of these programs from abortion services is required.
- Pennsylvania prohibits the use of family planning funds for abortion-related activities, and requires family planning services providers and subcontractors to keep a state-funded family planning project physically and financially separate from abortion-related activities, with exceptions for abortions in cases of life endangerment, rape, or incest.
- Health plans funded by the state may not include coverage for abortion unless the abortion is necessary to preserve a woman's life or the pregnancy is the result of rape or incest.
- Pennsylvania prohibits abortion coverage in its state health insurance Exchanges required under the federal healthcare law.
- Pennsylvania also requires any insurance providers offering healthcare or disability insurance within the state to offer policies that do not cover abortion except when necessary to preserve a woman's life or when the pregnancy is the result of rape or incest.
- Pennsylvania has allocated millions of dollars to pregnancy resource centers and other abortion alternative programs. Entities receiving the funds cannot perform abortions or provide abortion counseling.

- Pennsylvania offers “Choose Life” license plates, the proceeds of which are used to fund adoption and abortion alternatives services.

Legal Recognition and protection Of Unborn and Newly Born:

- Under Pennsylvania law, the killing of an unborn child at any stage of gestation is defined as homicide.
- Pennsylvania defines a nonfatal assault on an unborn child as a criminal offense.
- The state allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- The state has created a specific affirmative duty for physicians to provide medical care and treatment to infants born alive at any stage of development.
- Pennsylvania funds drug treatment programs for pregnant women and newborns.
- Pennsylvania law provides for “fetal death registrations.”
- Bioethics Laws:
 - Pennsylvania does not ban human cloning, but it does prohibit destructive embryo research.
 - Pennsylvania prohibits experimentation on a live human fetus, but allows experimentation on a dead fetus with the consent of the mother.
 - A healthcare professional providing services to a pregnant woman must advise her of the option to donate umbilical cord blood following delivery, and all healthcare facilities and providers must permit the woman to arrange for an umbilical cord donation.
 - Pennsylvania requires quarterly reports of assisted reproductive technologies data, including the number of women implanted and the number of eggs fertilized, destroyed, or discarded.

End of Life Laws:

- In Pennsylvania, assisting a suicide is a felony.

HEALTHCARE freedom of Conscience:

Participation in Abortion:

- If an objection is made in writing and is based on religious, moral, or professional grounds, a

physician, nurse, staff member, or other employee of a hospital or healthcare facility is not required to participate in abortions and cannot be held liable for refusing to participate. Medical and nursing students are also protected.

- Except for facilities that perform abortions exclusively, each facility that performs abortions must prominently post a notice of the right not to participate in abortions.
- A private hospital or other healthcare facility is not required to perform abortions and may not be held liable for this refusal.
- Pennsylvania also protects healthcare providers who object to providing abortion-inducing drugs.

Participation in Research Harmful to Human Life:

- Pennsylvania currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- In May, notorious Philadelphia late-term abortionist Kermit Gosnell was convicted of two counts of murder, one count of manslaughter, 21 felony counts of illegal late-term abortions, and 211 counts of violating Pennsylvania’s “Abortion Control Act.” He was sentenced to life in prison.
- Pennsylvania enacted a law prohibiting abortion coverage in its state health insurance Exchanges required under the “Affordable Care Act.” The state also considered legislation related to abortion funding.
- Pennsylvania considered a measure related to the reporting and/or treatment of suspected prenatal exposure to drugs and alcohol.
- Pennsylvania considered legislation offering limited conscience protections for healthcare providers. The state also considered legislation offering or expanding protection for healthcare payers, but such legislation would not be enforceable against the so-called “HHS mandate” that requires nearly all health insurance plans to provide full coverage (without co-pay) of all “FDA approved contraceptives.”

RECOMMENDATIONS FOR PENNSYLVANIA

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancements Act
- Child Protection Act
- Review Enforcement Provisions of Existing Law and Enact Stronger Enforcement Mechanisms Where Needed

Additional Priorities:

Abortion:

- Defunding the Abortion Industry and Advancing Women's Health Act
- Women's Ultrasound Right to Know Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Bioethics:

- Human Cloning Prohibition Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

RHODE ISLAND

RANKING: 30

While Rhode Island provides some basic protections for women and minors considering abortion, it allows cloning-for-biomedical-research, making it a “clone-and-kill” state. Moreover, it offers no legal protection for researchers who conscientiously object to such unethical practices.

Abortion:

- Rhode Island possesses an enforceable abortion prohibition should the U.S. Constitution be amended or certain U.S. Supreme Court decisions be reversed or modified.
- A physician may not perform an abortion on a woman until the physician or the physician’s agent has informed her of the probable gestational age of her unborn child and the nature and risks of the proposed abortion procedure. The woman must also sign a statement indicating she was informed that, if she decides to carry her child to term, she may be able to place the child with either a relative or with another family through foster care or adoption.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without the consent of one parent unless there is a medical emergency or a minor obtains a court order.
- Rhode Island has a complex system of abortion clinic regulations under which different standards apply at different stages of pregnancy and different facilities may be used to perform abortions at different stages of gestation.
- “Termination procedures” (non-surgical abortion procedures) must be performed by a licensed physician or “other licensed healthcare practitioner acting within his/her scope of practice.”
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- Rhode Island follows the federal standard for Medicaid funding for abortions, permitting the

use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.

- The state prohibits abortion coverage for public employees (explicitly including city and town employees) except when a woman’s life or health is endangered or in cases of rape or incest.

Legal Recognition and Protection OF Unborn and Newly Born:

- Under Rhode Island law, the killing of an unborn child after “quickening” (discernible movement in the womb) is homicide.
- The state allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- Any physician, nurse, or other licensed medical provider who knowingly and intentionally fails to provide reasonable medical care and treatment to an infant born alive in the course of an abortion, and as a result the infant dies, is guilty of the crime of manslaughter. Thus, the state has created a specific affirmative duty to provide medical care and treatment to infants born alive at any stage of development.
- The state defines substance abuse during pregnancy as “child abuse” under civil child-welfare statutes. Rhode Island also requires healthcare professionals to report suspected prenatal drug exposure.
- Rhode Island maintains a measure allowing a woman who loses a child after 20 weeks of pregnancy to obtain a “Certificate of Birth Resulting in Still Birth.” The certificate is filed with the state registrar.

Bioethics Laws:

- Rhode Island bans cloning-to-produce-children, but not cloning-for-biomedical-research, making it a “clone-and-kill” state. The state does not prohibit destructive embryo research.
- Rhode Island bans harmful experimentation on a live human fetus, but allows experimentation on a dead fetus if consent of the mother is obtained.
- Every obstetrical professional or facility is to inform a pregnant woman of the options relating to stem cells that are contained in the umbilical

cord blood, and each hospital or other obstetrical facility must cooperate with the collection staff of a cord blood bank designated by the woman and facilitate the donation of the cord blood.

- The state maintains no meaningful regulation of human egg harvesting or assisted reproductive technologies.

End of Life Laws:

- Under Rhode Island law, assisting a suicide is a felony.
- The state maintains a Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program.

HEALTHCARE freedom of Conscience:

Participation in Abortion and Contraception:

- A physician or other person associated with, employed by, or on the staff of a healthcare facility who objects in writing and on religious and/or moral grounds is not required to participate in abortions.
- Health insurance plans which provide prescription coverage are also required to provide coverage for contraception. The provision includes a conscience exemption so narrow it excludes the ability of most employers and insurers with moral or religious objections from exercising the exemption.

Participation in Research Harmful to Human Life:

- Rhode Island provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, and other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- Rhode Island considered measures prohibiting sex-selection abortions and partial-birth abortion. It also considered measures related to informed consent, ultrasounds, abortion funding, and insurance coverage of abortion.
- A measure approving "Choose Life" license plates was vetoed by Governor Lincoln Chafee.

- The state considered a measure related to fetal homicide and assault.
- Rhode Island enacted legislation extending the "sunset provision" in its prohibition on cloning-to-produce-children, meaning that only cloning-to-produce-children remains prohibited.
- Rhode Island enacted a measure establishing a palliative care advisory council and educational program.

RECOMMENDATIONS FOR RHODE ISLAND

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Reflection period for abortion
- Women’s Health Protection Act
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Women’s Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act (providing protection from conception)
- Unborn Wrongful Death Act
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

SOUTH CAROLINA

RANKING: 19

South Carolina maintains a number of life-affirming laws, including comprehensive informed consent requirements and abortion clinic regulations. However, like many other states, South Carolina does not ban or even regulate human cloning, destructive embryo research, or fetal experimentation.

Abortion:

- South Carolina prohibits partial-birth abortion.
- South Carolina prohibits abortions after 24-weeks gestation unless the attending physician and another independent physician certify in writing that the abortion is necessary to preserve the woman's life or health. If both physicians certify the abortion is necessary to preserve the woman's mental health, an independent psychiatrist must also certify that the abortion is necessary.
- A physician may not perform an abortion on a woman until 24 hours after she is informed of the probable gestational age of her unborn child, the abortion procedure to be used, and the availability of state-prepared, written materials describing fetal development, listing agencies offering alternatives to abortion, and describing available medical assistance benefits.
- South Carolina requires that a woman be offered an ultrasound and the opportunity to view the image prior to abortion.
- A physician may not perform an abortion on an unemancipated minor under the age of 17 without the informed, written consent of one parent, a grandparent, or any other person who has standing in *loco parentis*, unless there is a medical emergency, the minor is a victim of incest, or the minor obtains a court order.
- South Carolina has enacted comprehensive health and safety regulations for abortion clinics. These regulations are based on national abortion care standards and cover such areas as clinic administration, physical plant, sanitation standards, patient care, post-operative recovery, and proper maintenance of patient records.
- Only a physician licensed to practice medicine in South Carolina may perform an abortion. Additionally, abortion providers must maintain hospital admitting privileges.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The law pertains to both surgical and nonsurgical abortions.
- South Carolina follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- State law provides that no state funds may be expended to perform abortions, except those authorized by Medicaid under federal law. Further, the state also maintains the following additional funding restrictions: money appropriated to the "Adolescent Pregnancy Prevention Initiative" may not be used for transportation to or from abortion services; state funds appropriated for family planning may not be used to pay for an abortion; the South Carolina Department of Health and Environmental Control and its employees may not provide referral services or counseling for abortion; and funds appropriated under the "South Carolina Birth Defects Program" may not be used to counsel or refer women for abortions.
- South Carolina prohibits health plans offered through the state's health insurance Exchanges required under the federal healthcare law from including abortion coverage.
- State taxpayer funds appropriated to the "State Health Insurance Plan" may not be used to pay for an abortion except in cases of rape or incest, or to preserve a woman's life.

Legal Recognition and protection of Unborn and Newly Born:

- The "Unborn Victims of Violence Act" provides that the killing of an unborn child at any stage of gestation may be prosecuted as homicide. It also criminalizes a nonfatal assault on an unborn child.
- The state allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.

- South Carolina law protects infants who survive abortions.
- South Carolina has a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring that the infants receive appropriate care and protection.
- The state defines substance abuse during pregnancy as “child abuse” under civil child-welfare statutes.

Bioethics Laws:

- South Carolina does not prohibit human cloning, destructive embryo research, or fetal experimentation.
- The state does not promote ethical forms of research.
- South Carolina does not regulate the provision of assisted reproductive technologies or the facilities that provide it.

End of life Laws:

- Under South Carolina law, assisted suicide is a felony.

HEALTHCARE freedom OF CONSCIENCE:

Participation in Abortion:

- A physician, nurse, technician, or other employee of a hospital, clinic, or physician who objects in writing is not required to recommend, perform, or assist in the performance of an abortion.
- A healthcare provider’s conscientious objection to performing or assisting in abortions may not be the basis for liability or discrimination. A person discriminated against in employment may bring a civil action for damages and reinstatement.
- Except in an emergency, a private or nongovernmental hospital or clinic is not required to permit the use of its facilities for the performance of an abortion or to admit a woman for an abortion.
- A hospital’s refusal to perform or to permit the performance of abortions within its facility may not be the basis for civil liability.

Participation in Research Harmful to Human Life:

- South Carolina currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, and other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- South Carolina considered legislation prohibiting abortions at 5-months (*i.e.*, 20-weeks) development, prohibiting abortions when an unborn child has a heartbeat, delineating qualifications for individual abortion providers, and regulating insurance coverage of abortion.
- South Carolina considered a measure that would provide protection for infants who survive attempted abortions, as well as AUL’s “Pregnant Woman’s Protection Act,” specifically permitting women to use force (including deadly force) to protect their unborn children from third-party criminal assaults.
- The state considered legislation allowing or regulating destructive embryo research.

RECOMMENDATIONS FOR south carolina

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Abortion Patients' Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- Defunding the Abortion Industry and Advancing Women's Health Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act (for a pre-viable child)
- Born-Alive Infant Protection Act
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

SOUTH DAKOTA

RANKING: 11

South Dakota maintains some of the most comprehensive and protective abortion-related laws in the nation. Its informed consent requirements, in particular, have received significant national attention. Notably, South Dakota is one of only a small number of states to prohibit destructive embryo research including cloning and fetal experimentation.

Abortion:

- South Dakota maintains a law that would “on the date that the states are given the exclusive authority to regulate abortion” ban abortion throughout pregnancy except if necessary to preserve a woman’s life. It specifically applies both to surgical and chemical abortions and applies at all stages of pregnancy.
- South Dakota prohibits partial-birth abortion.
- South Dakota provides that no abortion may be performed after the 24th week of pregnancy unless the procedure is necessary to preserve the woman’s life or health.
- A physician may not perform an abortion on a woman until at least 72 hours (excluding weekends and holidays) after she has been informed of the probable gestational age of her unborn child, the medical risks of abortion, the medical risks of carrying the pregnancy to term, and the name of the physician who will perform the abortion. She must also be informed about available medical assistance benefits, the father’s legal responsibilities, and her right to review additional information prepared by state health department officials.
- South Dakota requires that women be informed that “the abortion will terminate the life of a whole, separate, unique, living human being;” that the woman “has an existing relationship with the unborn human being and that the relationship enjoys protection under the United States Constitution and under the laws of South Dakota;” and that “by having an abortion her existing relationship and her existing constitutional rights with regards to that relationship will be terminated.”
- In 2012, the Eighth Circuit upheld *en banc* South Dakota’s requirement that a woman be informed of the risk of suicide and suicide ideation following abortion.
- A physician must perform an assessment of a woman’s medical and personal circumstances prior to an abortion. Moreover, a woman exhibiting certain risk factors must receive counseling about mental health risks associated with abortion.
- A 2011 law requiring that a woman consult with a “pregnancy help center” before undergoing an abortion is enjoined. In 2012, the law was amended to require pregnancy help centers (or pregnancy resource centers) to have licensed medical and mental health professionals on staff.
- South Dakota requires that a woman be offered an ultrasound and the opportunity to view the image prior to undergoing an abortion. The law also requires that abortion providers report the number of women who undergo abortions after choosing to view the ultrasound.
- South Dakota law provides that it is a physician’s common law duty to determine that the woman’s consent is not coerced, and that he or she must assess whether the woman is being coerced into seeking an abortion.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 until at least 48 hours after providing written notice to one parent or after obtaining a court order. South Dakota also requires parental notification within 24 hours after the performance of an “emergency abortion” on a minor; however, an exception to the requirement is permitted if a minor indicates that she will seek a judicial bypass.
- South Dakota requires that all abortion clinics in the state meet minimum health and safety standards. Further, second-trimester abortions (beginning at 14-weeks and 6-days gestation) must “be performed in a hospital, or if one is not available, in a licensed physician’s medical clinic or office of practice subject to the requirements of §34-23A-6 [blood supply requirements].”
- Only a physician licensed by the state or a physician practicing medicine or osteopathy and employed by the state or the United States may perform an abortion. Further, the state medical board prohibits physician assistants and nurses

from entering into practice agreements under which they may perform abortions.

- No surgical or medical abortion may be scheduled except by a licensed physician and only after the physician physically and personally meets with the pregnant woman, consults with her, and performs an assessment of her medical and personal circumstances.
- For each abortion performed, an abortion provider must complete a reporting form mandated and provided by the South Dakota Department of Health. The required information includes: (1) the method of abortion; (2) the approximate gestational age of the fetus; (3) the specific reason for the abortion; (4) the entity, if any, that paid for the abortion; (5) a description of any complications from the abortion; (6) the method used to dispose of fetal tissue; (7) the specialty area of the attending physician; (8) whether the attending physician has been subject to license revocation, suspension, or other professional sanction; (9) the number of previous abortions the woman has had; (10) the number of previous live births of the woman; (11) whether the woman received the RH test and tested positive for the RH-negative factor; and (12) the marital and educational status and race of the woman. The provision applies to both surgical and nonsurgical abortions, but does not require that any information be reported to the Centers for Disease Control (CDC).
- South Dakota prohibits public funding for abortion unless the procedure is necessary to preserve the woman's life (in contravention of federal law).
- South Dakota prohibits health plans offered through the state's health insurance Exchanges required under the federal healthcare law from including abortion coverage.
- The state offers "Choose Life" license plates, the proceeds of which benefit pregnancy resource centers and/or other organizations providing abortion alternatives.

LEgal Recognition and protection OF Unborn and Newly Born:

- Under South Dakota law, the killing of an unborn child at any stage of gestation is defined as a form of homicide.

- South Dakota defines a nonfatal assault on an unborn child as a crime.
- The state allows a wrongful death (civil) action when an unborn child at any stage of development is killed through a negligent or criminal act.
- The state has created a specific affirmative duty for physicians to provide medical care and treatment to an infant born alive at any stage of development.
- The state defines substance abuse during pregnancy as "child abuse" under civil child-welfare statutes.
- South Dakota maintains a measure allowing a woman who loses a child after 20-weeks gestation to obtain a "Certificate of Birth Resulting in a Stillbirth."

BIOETHICS LAWS:

- South Dakota bans human cloning for any purpose, destructive embryo research, and fetal experimentation.
- The state does not promote ethical forms of research.
- South Dakota maintains no meaningful regulation of assisted reproductive technologies.

END OF LIFE LAWS:

- Assisted suicide is a felony in South Dakota.

HEALTHCARE freedom OF CONSCIENCE:

Participation in Abortion:

- South Dakota law protects the rights of physicians, nurses, counselors, social workers, and other persons to refuse to perform, assist in, provide referrals for, or counsel for abortions.
- A healthcare provider's conscientious objection to performing or assisting in an abortion may not be a basis for liability, dismissal, or other prejudicial actions by a hospital or medical facility with which the person is affiliated or employed.
- A counselor, social worker, or other person in a position to address "the abortion question . . . as part of [the] workday routine" who objects to providing abortion advice or assistance may not be held liable to any person or subject to

retaliation by an institution with which the person is affiliated or employed.

- No hospital is required to admit a woman for the purpose of abortion. The refusal of a hospital to participate in abortions may not be a basis for liability.
- A pharmacist is not required to dispense medication if there is reason to believe the medication would be used to cause an abortion.

Participation in Research Harmful to Human Life:

- South Dakota currently provides no specific protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- South Dakota enacted a measure amending its 72-hour reflection period to exclude Saturdays, Sundays, and federal and state holidays.
- The South Dakota House and Senate adopted a measure urging the United States Supreme Court to revisit *Roe v. Wade* and overturn the decision.
- The state considered a measure prohibiting wrongful birth and/or wrongful life lawsuits.

RECOMMENDATIONS FOR SOUTH DAKOTA

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Abortion Patients' Enhanced Safety Act
- Parental Consent for Abortion Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- Defunding the Abortion Industry and Advancing Women's Health Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Bioethics:

- Assisted Reproductive Technologies Disclosure and Risk Reduction Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

TENNESSEE

RANKING: 23

The Tennessee Supreme Court has read a state constitutional right to abortion into the state constitution, hampering recent efforts to enact many commonsense abortion regulations. However, in 2014, Tennessee voters will be given the opportunity to vote on a state constitutional amendment reversing this decision.

Abortion:

- The Tennessee Supreme Court has read a constitutional right to abortion into the state constitution. This right is deemed to be broader than that provided under the U.S. Constitution.
- Tennessee prohibits partial-birth abortion.
- No abortion may be performed after viability unless necessary to preserve the woman's life or health.
- Tennessee's informed consent law is enjoined.
- Abortion facilities must post signs indicating that a woman cannot be "pressured, forced or coerced" to have an abortion against her will.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without the written consent of one parent unless there is a medical emergency, the minor is the victim of incest, or the minor obtains a court order.
- A federal district court has declared Tennessee's abortion clinic regulations unconstitutional (as applied to the particular abortion provider who challenged the law).
- Only a physician licensed or certified by the state may perform an abortion. Tennessee law provides that a nurse practitioner or physician's assistant may not write or sign a prescription, dispense any drug or medication, or perform any procedure involving a drug or medication whose sole purpose is to cause an abortion.
- Tennessee requires abortion providers to have admitting privileges at a hospital located in the same county as the abortion facility or in an adjacent county.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC).
- Tennessee follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- Tennessee prohibits the use of funds for abortion or abortion research within the state "Genetic Testing Program."
- Tennessee law provides that all federal money sent to the state for family planning services will be used fully by government-run health agencies, and none will be paid to third-party providers or private organizations or entities. This law prevents abortion providers from obtaining family planning funds.
- The state prohibits insurance companies from offering abortion coverage within state insurance Exchanges established pursuant to the federal healthcare law.
- No licensed physician may perform or attempt to perform any abortion, including a chemical abortion, or prescribe any drug or device intended to cause a medical abortion, except in the physical presence of the pregnant woman, effectively prohibiting "telemed abortions."
- Tennessee provides funding to pregnancy resource centers through a "Choose Life" specialty license plate program.

Legal Recognition and protection Of Unborn and Newly Born:

- Tennessee law includes an unborn child at any point in gestation as a potential victim of homicide.
- Tennessee law provides for enhanced penalties for murdering a pregnant woman.
- The state allows a wrongful death (civil) action only when an unborn child is born alive following a negligent or criminal act and dies thereafter.
- The state has created a specific affirmative duty for physicians to provide medical care and treatment to an infant born alive at any stage of development.
- Tennessee has a "Baby Moses" law, establishing a safe haven for mothers to legally leave their

infants at designated places and ensuring that the infants receive appropriate care and protection.

- Tennessee requires publicly-funded substance abuse facilities to give preference to pregnant women and requires any facility capable of accommodating a pregnant woman to provide such treatment. The law also prohibits state officials from filing for protective services for the child if the mother is less than 5 months (*i.e.*, 20 weeks) into her pregnancy and seeks substance abuse treatment as part of her prenatal care.
- Tennessee law provides for a “Certificate of Birth Resulting in Stillbirth.”

BIOETHICS LAWS:

- Tennessee does not prohibit human cloning or destructive embryo research. Further, the state allows fetal experimentation with the consent of the mother.
- The state Department of Health encourages healthcare professionals to provide pregnant women with a publication containing information on cord blood banking.
- Tennessee provides for the relinquishment of rights to an embryo (*i.e.*, embryo adoption).
- Tennessee maintains no meaningful regulation of human egg harvesting or assisted reproductive technologies.

END OF LIFE LAWS:

- Assisted suicide is a felony in Tennessee.
- The state maintains a Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program.

HEALTHCARE freedom OF CONSCIENCE:

Participation in Abortion:

- A physician is not required to perform an abortion and no person may be required to participate in the performance of an abortion.
- A hospital is not required to permit the performance of an abortion within its facilities.

Participation in Research Harmful to Human Life:

- Tennessee currently provides no protection for the rights of healthcare providers who

conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Tennessee considered legislation related to informed consent, coerced abortions, and ultrasounds.
- Tennessee enacted a measure requiring publicly funded substance abuse facilities to give preference to pregnant women and requiring any facility capable of accommodating a pregnant woman to provide such treatment. The measure also prohibits state officials from filing for protective services for a newborn if the mother is less than 5 months (*i.e.*, 20 weeks) into her pregnancy and seeks substance abuse treatment as part of her prenatal care.
- Tennessee also enacted a measure providing for the relinquishment of rights to an embryo (*i.e.*, embryo adoption).
- Tennessee established a Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program and enacted regulations of pain management physicians and clinics.

RECOMMENDATIONS FOR TENNESSEE

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Women's Right to Know Act with reflection period
- Abortion Patients' Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act
- Components of the Child Protection Act related to mandatory reporting of suspected child abuse and providing remedies for interference with parental rights

Additional Priorities:

Abortion:

- Women's Ultrasound Right to Know Law
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

TEXAS

RANKING: 6

As a result of aggressive legislative action over the past several years, Texas has become one of the most protective states in the nation. In 2013, the legislature made national news after abortion proponents used mob tactics during a special legislative session that inhibited the legislature from passing commonsense abortion regulations. However, Governor Rick Perry called a second special legislative session, allowing the state time to pass an omnibus bill, with the assistance of AUL and others, that prohibits abortion at 5-months (*i.e.*, 20-weeks) gestation, requires that abortion clinics meet the same patient care standards as other facilities performing outpatient surgeries, regulates the administration of abortion-inducing drugs, mandates that abortion providers have hospital admitting privileges.

Abortion:

- Texas possesses an enforceable abortion prohibition should the U.S. Constitution be amended or certain U.S. Supreme Court decisions be reversed or modified.
- Texas prohibits abortion at 5-months (*i.e.*, 20-weeks) development based upon medical evidence that an unborn child at that stage can feel pain.
- Another law provides that third-trimester abortion may not be performed on a viable fetus unless necessary to preserve the woman's life or prevent a "substantial risk of serious impairment" to her physical or mental health, or if the fetus has a severe and irreversible abnormality. An additional law provides that a third-trimester abortion may not be performed on a viable fetus unless necessary to prevent "severe, irreversible brain damage" to the woman, paralysis, or if the fetus has a severe and irreversible "brain impairment."
- A physician may not perform an abortion on a woman until at least 24 hours after obtaining her informed consent and after informing her of the nature and risks of the proposed abortion procedure, including the gestational development of the unborn child and available assistance from both public and private agencies. The counseling must be in-person if a woman lives within 100 miles of the abortion facility.
- The state also explicitly requires a physician to inform a woman seeking abortion of the abortion-breast cancer link.
- Texas requires the performance of an ultrasound before an abortion. The abortion provider must display the ultrasound image, make audible the heart auscultation, and provide a medical description of the images depicted in the ultrasound image.
- Texas prohibits insurance companies from coercing a woman's abortion decision through force or by threatening adverse alteration to an insurance plan.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without the written, notarized consent of one parent or a guardian, unless there is a medical emergency or the minor obtains a court order.
- Abortion clinics must meet the same patient care standards as other facilities performing outpatient surgeries.
- Only a physician licensed in Texas may perform an abortion. The abortion provider must also maintain hospital admitting privileges.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report deaths that occur in their facilities as a result of abortion, as well as short-term complications.
- Texas follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest
- The Texas Supreme Court has upheld a law limiting taxpayer assistance for abortion to cases where the abortion is necessary to preserve a woman's life or when the pregnancy is the result of rape or incest.
- Funds administered under the "Maternal and Infant Health Improvement Program for Women

and Children” cannot be used for abortions, except in cases of life endangerment.

- State agencies may not contract with entities that perform or promote elective abortions or are affiliates of entities that perform or promote elective abortions under a “Women’s Health Care Services” project (family planning funding).
- Texas has enacted laws prohibiting state contracts with entities that perform elective abortions. The restrictions have been challenged in state court but remain in force while the lawsuit proceeds.
- Texas requires that a physician examine a woman before providing abortion-inducing drugs.
- Texas requires that physicians providing “medical abortion” be able to do the following: accurately date a pregnancy, determine that the pregnancy is not ectopic, and provide surgical intervention or provide for the patient to receive a surgical abortion. The patient must be informed of the risks and benefits of the procedure and the possibility that a surgical abortion may be required. A 2013 law requiring a physician to examine a woman before dispensing abortion-inducing drugs and requiring the physician to follow a certain protocol has been challenged in federal court.
- Texas continues to allocate millions of dollars to the mission of pregnancy resource centers and others providing abortion alternatives.
- The state maintains a “Choose Life” license plate program, the proceeds of which benefit abortion alternatives.

Legal REcognition and protection Of Unborn and Newly Born:

- Under Texas law, the killing of an unborn child at any stage of gestation is defined as a form of homicide.
- Texas defines a nonfatal assault on an unborn child as a criminal offense.
- Texas allows parents and other relatives to bring a wrongful death (civil) lawsuit when an unborn child at any stage of development is killed through the negligence or criminal act of another.
- Under Texas law, a “living human child born alive after an abortion or premature birth is entitled to the same rights, powers and privileges as are granted by the laws of [Texas] to any other

child born alive after the normal gestational period.” Thus, the state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.

- The state defines substance abuse during pregnancy as “child abuse” under civil child-welfare statutes. The state has also created a task force charged, in part, with advising on potential criminal liability for a woman who exposes her unborn child to controlled substances.

BIOETHICS LAWS:

- In 2009, Texas appropriated \$5 million in state funding for adult stem-cell research.
- Texas does not prohibit human cloning or destructive embryo research. Further, it does not prohibit fetal experimentation outright, but it does include “fetal issue” in its ban on the sale or transfer of “human organs.”
- The state Department of State Health Services publishes a brochure related to umbilical cord blood donation, and physicians are to provide the brochure to their pregnant patients.
- Texas law provides that blood obtained by a blood bank may be used for the collection of adult stem cells if the donor consents and allows hospitals to use adult stem cells if certain conditions are met.
- Texas maintains no meaningful regulation of assisted reproductive technologies, but the “Uniform Parentage Act” includes the “donation of embryos” in its definition of “assisted reproduction.”

END OF LIFE LAWS:

- Assisted suicide is a felony in Texas.

HEALTHCARE freedom OF CONSCIENCE:

Participation in Abortion:

- A physician, nurse, staff member, or employee of a hospital who objects to participating directly or indirectly in an abortion may not be required to participate in an abortion.
- A healthcare provider’s conscientious objection to participating in abortions may not be a basis for discrimination in employment or education.

A person whose rights are violated may bring an action for relief, including back pay and reinstatement.

- A private hospital or healthcare facility is not required to make its facilities available for the performance of an abortion unless a physician determines that the woman's life is immediately endangered.

Participation in Research Harmful to Human Life:

- Texas currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- Texas enacted a requirement, inspired by AUL's "Abortion Patient Enhanced Safety Act," that abortion clinics meet the same patient care standards as other facilities performing outpatient surgeries. Similarly, the state enacted legislation requiring individual abortion providers to have hospital admitting privileges.
- Texas also enacted a measure, based on AUL's "Abortion-Inducing Drugs Safety Act," requiring a physician to examine a woman before dispensing abortion-inducing drugs.
- Texas enacted legislation prohibiting abortion at 5-months (*i.e.*, 20-weeks) development based upon medical evidence that an unborn child at that stage can feel pain.
- The Texas House and Senate adopted a resolution commending pregnancy resource centers. The Texas House also specifically honored the Prestonwood Pregnancy Center in Dallas.
- Texas also considered legislation prohibiting sex-selection abortion, as well as measures related to abortion reporting, informed consent, coerced abortions, ultrasounds, parental involvement, abortion funding, and insurance coverage of abortion.
- Texas enacted legislation creating a body to provide grants or funds for ethical research. The measure also states that blood obtained by a blood bank may be used for the collection of adult stem cells if the donor consents and

allows hospitals to use adult stem cells if certain conditions are met.

- The state also enacted legislation amending reporting requirements to include information on the amount spent by an institution of higher education on embryonic and adult stem-cell research.
- Texas considered several bills to address concerns that current Texas law permits healthcare providers to withdraw or withhold life-sustaining care against the wishes of a patient or his surrogate.
- Texas considered legislation offering or expanding protection for healthcare payers, but such legislation would not be enforceable against the so-called "HHS mandate" that requires nearly all health insurance plans to provide full coverage (without co-pay) of all "FDA approved contraceptives." The state also considered legislation that would create a tax credit against state taxes in the event that the federal government fines an employer for offering insurance that does not include so-called "emergency contraception."

RECOMMENDATIONS FOR TEXAS

Women's Protection Project Priorities:

- Parental Involvement Enhancement Act
- Components of the Child Protection Act related to evidence retention and remedies for third-party interference with parental rights

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

In recent years, Utah has enacted several pieces of commonsense legislation designed to protect women and the unborn from the harms inherent in abortion, fulfilling the public policy of the state “to encourage all persons to respect the right to life.”

Abortion:

- The Utah legislature has resolved that “it is the finding and policy of the Legislature...that unborn children have inherent and inalienable rights that are entitled to protection by the state of Utah pursuant to the provisions of the Utah Constitution...The state of Utah has a compelling interest in the protection of the lives of unborn children...It is the intent of the Legislature to protect and guarantee to unborn children their inherent and inalienable right to life...”
- Moreover, the legislature has found and declared that “it is the public policy of this state to encourage all persons to respect the right to life of all other persons, regardless of age, development, condition or dependency, including all...unborn persons.”
- Utah prohibits partial-birth abortion throughout pregnancy under a law which has been litigated and upheld in federal court. Although modeled after the federal ban, Utah’s law provides harsher penalties.
- Utah prohibits post-viability abortions except in cases of life endangerment, “serious risk of substantial and irreversible impairment of a major bodily function,” severe fetal abnormality as certified by two physicians, or rape or incest reported to the police. Performing a prohibited abortion is a felony.
- A physician may not perform an abortion on a woman until at least 72 hours after informing her, in a face-to-face consultation, of the probable gestational age of her unborn child; fetal development; the nature of, risks of, and alternatives to the proposed abortion procedure; that adoptive parents may legally pay the costs of prenatal care; and the medical risks of carrying the pregnancy to term.
- If an ultrasound is performed before an abortion, the abortion provider must offer to show it to the woman.
- Additionally, Utah requires that a woman seeking abortion at 5-months or 20-weeks gestation or later be offered anesthesia for the unborn child (because of the pain experience by a child by this stage of development).
- Utah prohibits and criminalizes acts intended to coerce a woman into undergoing an abortion. The state also requires abortion providers to affirmatively state in printed materials that it is illegal for someone to coerce a woman into having an abortion.
- A physician may not perform an abortion on a minor until the physician obtains the consent of one parent or guardian, unless there is a medical emergency or a minor obtains a court order.
- Utah mandates comprehensive health and safety regulations and an annual licensing requirement for abortion clinics that provide abortions during the first and second trimesters of pregnancy.
- Only a physician or osteopathic physician licensed by the state to practice medicine may perform an abortion. Further, abortion providers must maintain hospital admitting privileges.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- Utah funds abortions for women eligible for public assistance when necessary to preserve the woman’s life, the woman’s physical health is threatened by a continued pregnancy, or the pregnancy is the result of rape or incest.
- No agency of the state or its political subdivisions may approve any application for funds of the state or its political subdivisions to directly or indirectly support any organization or healthcare provider that provides abortion services to unmarried minors without written consent of a minor’s parent or guardian.
- Utah prohibits private insurance companies from covering abortion, except in cases of life endangerment, serious risk of substantial and irreversible impairment of major bodily function, lethal defect of the unborn baby, rape, or incest.

- The state also prohibits insurance companies from offering abortion coverage within state insurance Exchanges established pursuant to the federal healthcare law, except in cases of life endangerment, serious risk of substantial and irreversible impairment of major bodily function, lethal defect of the unborn baby, rape, or incest.
- Utah has authorized “Choose Life” license plates, the proceeds of which benefit abortion alternatives.

Legal Recognition and protection Of Unborn and Newly Born:

- Under Utah law, the killing of an unborn child at any stage of gestation is defined as a form of homicide.
- The state allows a wrongful death (civil) action only when an unborn child is born alive following a negligent or criminal action and dies thereafter.
- Utah has a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring the infants receive appropriate care and protection.
- Utah requires substance abuse treatment programs receiving public funds to give priority admission to pregnant women and teenagers. The state also requires healthcare professionals to report suspected prenatal drug exposure.
- Utah Human Services, Child and Family Services Agency regulations include exposure to alcohol or other “harmful” substances *in utero* in the state’s definitions of “abuse,” “neglect,” and “dependency.”
- The state has removed prohibitions (in certain cases) on the prosecution of a woman for killing her unborn child.

BIOETHICS LAWS:

- Utah does not prohibit human cloning, destructive embryo research, or fetal experimentation.
- The state does not promote ethical alternatives to destructive embryo research.
- Utah does not provide any meaningful regulation of human egg harvesting or assisted reproductive technologies. Further, state law contains provisions authorizing gestational agreements.
- The “Uniform Parentage Act” includes “donation

of embryos” in its definition of “assisted reproduction.”

END OF LIFE LAWS:

- Utah does not have a specific statute criminalizing assisted suicide. Thus, the legal status of assisted suicide in Utah is currently indeterminable.

HEALTHCARE freedom OF CONSCIENCE:

Participation in Abortion:

- A healthcare provider who objects on religious or moral grounds is not required to participate in abortions.
- A healthcare facility is not required to admit a woman for the performance of an abortion.
- A healthcare provider or healthcare facility’s conscientious objection to participating in abortion may not be a basis for civil liability or other recriminatory action.
- Moral or religious objections to abortion may not be a basis for discrimination including dismissal, demotion, suspension, discipline, harassment, retaliation, adverse change in status, termination of, adverse alteration of, or refusal to renew an association or agreement; or refusal to provide a benefit, privilege, raise, promotion, tenure, or increased status that the healthcare provider would have otherwise received. Importantly, Utah provides a private right of action for discrimination, providing equitable relief including reinstatement and damages.

Participation in Research Harmful to Human Life:

- Utah currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Utah amended its abortion reporting law to include information about the race of the woman. The state did not consider any other measures related to abortion.

RECOMMENDATIONS FOR UTAH

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Abortion Patients’ Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancements Act
- Child Protection Act

Additional Priorities:

Abortion:

- Defunding the Abortion Industry and Advancing Women’s Health Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act
- Born-Alive Infant Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

End of Life:

- Assisted Suicide Ban Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

VERMONT

RANKING: 48

In 2013, Vermont legalized physician-assisted suicide, becoming the third state to explicitly approve the practice. It also lacks the most basic legal protections for women considering abortion, for unborn victims of criminal violence, and for nascent human life. Further, Vermont is one of only a few states that does not protect healthcare freedom of conscience.

Abortion:

- The Vermont Constitution has been construed to provide a broader right to abortion than the U.S. Constitution.
- Further, the Vermont legislature has resolved that “it is critical for the... personal health and happiness of American women, that the right of women... to make their own personal medical decisions about reproductive and gynecological issues be vigilantly preserved and protected.... This legislative body reaffirms the right of every Vermont woman to privacy, autonomy, and safety in making personal decisions regarding reproduction and family planning....”
- Vermont allows abortions after viability, even in cases where the mother’s life or health is not endangered.
- Vermont does not provide even rudimentary protection for women or minors considering abortions. The state does not have an informed consent law, ultrasound requirement, parental involvement law for minors seeking abortions, abortion clinic regulations, or a prohibition on anyone other than a licensed physician performing an abortion.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.

- Vermont taxpayers fund “medically necessary” abortions for women receiving public assistance. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court’s broad definition of “health” in the context of abortion.

Legal Recognition and protection Of Unborn and Newly Born:

- Vermont law does not recognize an unborn child as a potential homicide or assault victim.
- The state allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- Vermont does not require infants who survive abortions to be given appropriate, potentially life-saving medical care.
- Vermont’s “Baby Safe Haven Law” allows mothers to legally leave their infants at designated places and ensures the infants receive appropriate care and protection. The state permits a person or facility receiving an infant to not reveal the identity of the person relinquishing the child unless there is suspected abuse.

BIOETHICS LAWS:

- Vermont does not prohibit or limit human cloning, destructive embryo research, or fetal experimentation.
- The state does not promote ethical alternatives to destructive embryo research.
- Vermont does not regulate human egg harvesting or assisted reproductive technologies.

END OF LIFE LAWS:

- Physician-assisted suicide is legal in Vermont. Importantly, the law fails to include some of the most basic legal protections for those considering physician-assisted suicide. A physician who has only examined a patient once is permitted to prescribe life-ending drugs to the patient. The physician is not required to refer the patient for an evaluation by a psychiatrist to determine if the patient is depressed or being coerced to end his or her life. Further, the law does not require witnesses to be present when the patient takes a life-ending medication, increasing the possibility that persons who may wish to hasten a patient’s

death might be with the patient and pressure the patient to end his or her life or even administer the lethal drugs instead of the patient.

- Vermont requires the state Department of Health to provide an annual report on end of life care and pain management. The state also has a “Patient’s Bill of Rights for Palliative Care and Pain Management” to ensure that healthcare providers inform patients of all of their treatment options.
- The state maintains a Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program.

- The Vermont House adopted a resolution supporting the “right” to abortion and commemorating the 40th Anniversary of *Roe v. Wade*. The state did not consider any life-affirming measures related to abortion.

HEALTHCARE Freedom OF CONSCIENCE:

Participation in Abortion:

- Vermont currently provides no protection for the rights of conscience of healthcare providers who conscientiously object to participating or assisting in abortions or any other healthcare procedure.

Participation in Research Harmful to Human Life:

- Vermont currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Vermont legalized physician-assisted suicide. Importantly, the law fails to include some of the most basic legal protections for those considering physician-assisted suicide. A physician who has only examined a patient once is permitted to prescribe life-ending drugs to the patient. The physician is not required to refer the patient for an evaluation by a psychiatrist to determine if the patient is depressed or being coerced to end his or her life. Further, the law does not require witnesses to be present when the patient takes a life-ending medication, increasing the possibility that persons who may wish to hasten a patient’s death might be with the patient and pressure the patient to end his or her life or even administer the lethal drugs instead of the patient.

RECOMMENDATIONS FOR VERMONT

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Women's Right to Know Act with reflection period
- Abortion Patients' Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Notification for Abortion Act
- Child Protection Act

Additional Priorities:

Abortion:

- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women's Health Act
- Women's Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act
- Unborn Wrongful Death Act
- Born-Alive Infant Protection Act
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

End of Life:

- Repeal Physician Assisted Suicide Law and Enact Assisted Suicide Ban Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

Virginia provides fairly comprehensive protection for women, the unborn, and newly born. It is also one of only a small number of states that has enacted meaningful, protective regulations for emerging biotechnologies. For example, it bans human cloning for all purposes and maintains an umbilical cord blood bank and related educational initiative. In 2013, it rejected multiple measures that would have weakened the state's ultrasound requirement and abortion clinic regulations.

Abortion:

- Virginia prohibits “partial-birth infanticide” (*i.e.*, partial-birth abortion).
- A third-trimester abortion may not be performed unless the attending physician and two other physicians certify in writing that continuation of the pregnancy is likely to result in the woman's death or would “substantially and irremediably impair” the woman's physical or mental health. Further, measures for life support for the unborn child “must be available and utilized if there is any clearly visible evidence of viability.”
- A physician may not perform an abortion on a woman until at least 24 hours after the woman is provided with in-person counseling, including “a full, reasonable, and comprehensible medical explanation of the nature, benefits, risks of and alternatives to abortion:” the probable gestational age of her unborn child; and descriptions of available assistance and benefits, agencies and organizations providing alternatives to abortion, and the father's legal responsibilities.
- Virginia requires that a woman undergo an ultrasound and have the opportunity to view the images prior to an abortion.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 until he or she secures written consent from one parent or “authorized person” who has care and control of the minor, unless the minor is the victim of rape, incest, or child abuse; there is a medical emergency; or the minor secures a court order.
- Virginia regulates any facility in which five or more first trimester abortions per month are performed as a category of “hospital.”
- The state also requires that second-trimester abortions be performed in a hospital or ambulatory surgical center. The U.S. Supreme Court has upheld the constitutionality of this requirement.
- Only a physician licensed by the state to practice medicine and surgery may perform an abortion.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- The state provides funding for women eligible for public assistance for abortions only in cases of rape, incest, fetal abnormality, or when the life of the mother is in jeopardy.
- No expenditures from general or non-general fund sources may be made out of any appropriations by the General Assembly for providing abortion services, except as otherwise required by federal law or state statute.
- No post-partum family planning funds provided to women under the state's Medicaid program may be used to make direct referrals for abortion.
- Benefits provided to state employees through the “Commonwealth of Virginia Health Benefits Plan” may not provide coverage for abortion unless the procedure is necessary to preserve the woman's life or health, the pregnancy is the result of rape or incest that has been reported to a law enforcement or public health agency, or a physician certifies that the fetus is believed to have an incapacitating physical deformity or mental deficiency.
- The state prohibits insurance companies from offering abortion coverage within state insurance Exchanges established pursuant to the federal healthcare law, except in cases of life endangerment, rape, or incest.
- Virginia offers “Choose Life” license plates, the proceeds of which benefit abortion alternatives. Unfortunately, the state also offers a pro-abortion license plate, “Trust Women/Respect Choice.” However, while Planned Parenthood and other abortion providers are eligible to receive the proceeds from the plate, they are specifically prohibited from using the earned revenue for “abortion services.”

Legal REcognition and protection Of Unborn and Newly Born:

- Under Virginia law, the killing of an unborn child at any stage of gestation is defined as a form of homicide.
- For purposes of “homicide” and “child abuse,” a “human infant who has been born alive and is fully brought forth from the mother has achieved an independent and separate existence, regardless of whether the umbilical cord has been cut or the placenta detached.”
- The state permits recovery for the death of an unborn child in a wrongful death (civil) action.
- Virginia protects infants born alive at any stage of development from “deliberate acts” undertaken by a physician that result in the death of the infant.
- Virginia has enacted a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring the infants receive appropriate care and protection.
- Virginia requires emergency personnel to report child abuse including cases of *in utero* exposure to controlled substances, and healthcare providers are required to report to the state Department of Social Services any diagnosis of fetal alcohol spectrum disorders or other medical condition caused by exposure to controlled substances during pregnancy.
- The state also funds drug treatment programs for pregnant women and newborns.

BIOETHICS LAWS:

- Virginia prohibits human cloning for any purpose, but it does not prohibit destructive embryo research or fetal experimentation.
- Virginia prohibits tax credits for research on human cells, on tissue derived from induced abortions, on stem cells obtained from human embryos. This provision is an annual rider.
- Virginia maintains the “Virginia Cord Blood Bank Initiative” as a public resource for advancing basic and clinical research and for the treatment of patients with life-threatening diseases or debilitating conditions. All women admitted to a hospital or birthing facility may be offered the opportunity to donate umbilical

cord blood to the initiative. Likewise, every licensed practitioner who renders prenatal care is to provide information to pregnant patients regarding the option of umbilical cord blood banking.

- The state has also created a special fund in the state treasury entitled the “Christopher Reeve Stem Cell Research Fund.” No monies from the fund may be provided to entities that conduct research with stem cells obtained from human embryos.
- Virginia maintains some regulation of assisted reproductive technologies, including requiring a form of informed consent. However, the state does not regulate human egg harvesting.

END OF LIFE LAWS:

- Virginia does not have a specific statute criminalizing assisted suicide. However, Virginia has adopted the common law of crimes, which includes the crime of assisted suicide.

HEALTHCARE FREEDOM OF CONSCIENCE:

Participation in Abortion:

- Any person who objects in writing and on personal, ethical, moral, and/or religious grounds is not required to participate in abortions.
- A physician, hospital, or medical facility is not required to admit a woman for the purposes of performing an abortion.
- The conscientious objection of an individual healthcare provider, hospital, or medical facility to participating in an abortion may not be a basis for a claim for damages, denial of employment, disciplinary action, or any other recriminatory action.

Participation in Research Harmful to Human Life:

- Virginia currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Virginia enacted a measure setting up their state health insurance Exchange required under the *Affordable Care Act* which included a provision prohibiting abortion coverage. This measure furthered a policy adopted by Virginia in 2011.
- Virginia considered measures related to prohibiting sex-selection abortions, coerced abortions, and abortion funding.
- At the behest of abortion advocates, Virginia considered—but defeated—six measures aimed at repealing or weakening a 2011 law defining abortion clinics as subsets of “hospitals.” Similarly, the state also defeated legislation aimed at rescinding or weakening its ultrasound requirement.
- A lawsuit was filed by Falls Church Medical Center challenging the state Board of Health regulations (passed in April 2013) which reclassified Virginia’s 19 abortion clinics as a subset of “hospitals,” essentially requiring the clinics to meet the same patient care standards as other facilities performing outpatient surgeries.
- Virginia considered measures related to advance planning documents, as well as measures related to pain management and palliative care.
- The state considered legislation offering or expanding protection for healthcare payers, but such legislation would not be enforceable against the so-called “HHS mandate” that requires nearly all health insurance plans to provide full coverage (without co-pay) of all “FDA approved contraceptives.”

RECOMMENDATIONS FOR VIRGINIA

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- Defunding the Abortion Industry and Advancing Women’s Health Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act

Legal Recognition and Protection for the Unborn:

- Pregnant Woman’s Protection Act

Bioethics:

- Destructive Embryo Research Act

End of Life:

- Assisted Suicide Ban Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

WASHINGTON

RANKING: 50

Washington does not adequately protect women from the negative consequences of abortion nor does it protect the unborn from criminal violence. Washington has failed to enact commonsense, publicly supported laws such as informed consent, parental involvement, abortion clinic regulations, and fetal homicide. It was also the first state to explicitly permit physician-assisted suicide.

Abortion:

- Washington maintains a “Freedom of Choice Act.” The Act mandates a right to abortion even if *Roe v. Wade* is eventually overturned, specifically providing: “The sovereign people hereby declare that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions. Accordingly, it is the public policy of the [S]tate of Washington that: (1) Every individual has the fundamental right to choose or refuse birth control; (2) Every woman has the fundamental right to choose or refuse to have an abortion...; (3) ... the state shall not deny or interfere with a woman’s fundamental right to choose or refuse to have an abortion; and (4) the state shall not discriminate against the exercise of these rights in the regulation or provision of benefits, facilities, services, or information.”
- A state voter initiative declared: “The state may not deny or interfere with a woman’s right to choose to have an abortion prior to viability of the fetus, or to protect her life or health.”
- No abortion may be performed after viability unless necessary to protect the woman’s life or health.
- Washington does not have an informed consent law for abortion, parental involvement law for minors seeking abortion, or abortion clinic regulations.
- Only a physician licensed in Washington may perform an abortion.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical

and nonsurgical abortions and requires abortion providers to report short-term complications.

- Washington taxpayers are required by statute to fund “medically necessary” abortions for women receiving state public assistance. It must also provide benefits, services, or information to permit women to obtain abortions if it provides comparable maternity care benefits, services, or information.
- Washington protects physical access to abortion clinics and curtails the First Amendment rights of pro-life sidewalk counselors and demonstrators.

Legal Recognition and protection of Unborn and Newly Born:

- Under Washington criminal law, the killing of an unborn child after “quickening” is defined as a form of homicide.
- The state allows a wrongful death (civil) action when a viable unborn child is killed through negligence or a criminal act.
- Under Washington law, “the right of medical treatment of an infant born alive in the course of an abortion procedure shall be the same as the right of an infant born prematurely of equal gestational age.” Thus, the state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- Washington has enacted a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring the infants receive appropriate care and protection.
- The state funds drug treatment programs for pregnant women and newborns.

BIOETHICS LAWS:

- Washington law does not prohibit human cloning, destructive embryo research, or fetal experimentation.
- All persons licensed to provide prenatal care or practice medicine must provide information to all pregnant women regarding the differences between public and private umbilical cord blood banking and the opportunity to donate the blood and tissue extracted from the placenta and umbilical cord following delivery.

- Washington maintains no meaningful regulation of human egg harvesting or assisted reproductive technologies.
- The *Uniform Parentage Act* includes “donation of embryos” in its definition of “assisted reproduction.”

END OF LIFE LAWS:

- Washington has legalized physician-assisted suicide (PAS) by voter initiative. The law creates financial incentives for healthcare insurance companies to deny coverage for life-saving treatment and to pressure vulnerable patients to choose PAS—a practice already occurring in Oregon. Moreover, the law does not provide safeguards for those suffering from treatable mental illness, such as depression, and requires physicians participating in patient suicides to falsify death certificates.
- The initiative superseded a prior law which made assisted suicide a felony. That law had been upheld in the landmark case of *Washington v. Glucksberg*, where the U.S. Supreme Court refused to recognize a federal constitutional right to assisted suicide.

HEALTHCARE freedom OF CONSCIENCE:

Participation in Abortion and Contraception:

- An individual healthcare worker or private medical facility cannot be required by law or contract to participate in the performance of abortions.
- No person may be discriminated against in employment or professional privileges because of participating or refusing to participate in an abortion.
- Overall, Washington protects individual healthcare providers, as well as private hospitals and medical facilities, who conscientiously object to participating in any healthcare procedure. However, this protection does not extend to public hospitals and medical facilities.
- Washington has a “contraceptive equity” law, requiring health insurance coverage for contraception. No exemption is provided for employers or insurers with a moral or religious objection to contraception.

Participation in Research Harmful to Human Life:

- Washington currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- With the assistance of AUL, Washington rejected a measure that would have required insurance providers to cover abortions in policies that also provide maternity care.
- The state considered a bill providing immunity from civil, criminal, and professional conduct sanctions for a healthcare provider or facility that participates in good faith in the provision of medical care or in the withholding or withdrawal of life-sustaining treatment in accordance with the directives contained in a Physician Orders for Life-Sustaining Treatment (POLST) form.
- Washington also considered measures related to pain management and palliative care.

RECOMMENDATIONS FOR WASHINGTON

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Women’s Right to Know Act with reflection period
- Abortion Patients’ Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Notification for Abortion Act
- Child Protection Act

Additional Priorities:

Abortion:

- Repeal of State FOCA
- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Women’s Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act (protecting a child from conception)
- Unborn Wrongful Death Act (for a pre-viable child)
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

End of Life:

- Limits on the provision of assisted suicide such as family member notification and mental health evaluations

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

WEST VIRGINIA

RANKING: 33

In 2013, West Virginia Attorney General Patrick Morrisey began an internal review of the state's abortion-related laws, opening the door for the consideration and enactment of more laws protecting women from the harms inherent in abortion and safeguarding the lives of the unborn.

Abortion:

- The West Virginia Supreme Court has ruled that the state constitution provides for a broader right to abortion than the U.S. Constitution.
- A physician may not perform an abortion on a woman until at least 24 hours after obtaining her informed consent and after informing her of the nature and risks of the proposed abortion procedure, the risks of carrying the pregnancy to term, and the probable gestational age of the unborn child.
- At least 24 hours prior to an abortion, a woman must also receive information about medical assistance benefits that may be available for prenatal care, childbirth, and neonatal care; the father's liability for child support; and her right to review state-prepared materials describing the development of the unborn child, outlining common methods of abortion, discussing the medical risks of abortion, and listing agencies that offer alternatives to abortion. She may review this information either in print or on the state's website.
- If an ultrasound is performed before an abortion, the abortion provider must offer to show it to the woman. The woman must also be given the opportunity of having the image explained to her.
- The state includes information about the abortion-breast cancer link in the educational materials that a woman must receive prior to abortion.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 until at least 24 hours after actual notice has been provided to one parent, unless there is a medical emergency or the minor secures a court order. The law also allows an abortion to be performed without parental notice if a physician who is not performing the abortion determines that the minor is "mature enough to make the abortion decision

independently or that parental notice is not in the minor's best interest."

- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions.
- West Virginia taxpayers are required to fund "medically necessary" abortions for women receiving state medical assistance. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court's broad definition of "health" in the context of abortion.

Legal Recognition and protection of Unborn and Newly Born:

- West Virginia law recognizes an unborn child at any stage of gestation as a potential victim of homicide.
- The state also criminalizes nonfatal assaults on the unborn.
- The state allows a wrongful death (civil) action when an unborn child at any stage of development is killed through a negligent or criminal act.
- West Virginia does not require physicians or hospitals to provide appropriate and potentially life-saving care to infants who survive attempted abortions.
- West Virginia has enacted a "Baby Moses" law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring that the infants receive appropriate care and protection.

BIOETHICS LAWS:

- West Virginia does not prohibit human cloning, destructive embryonic research, or fetal experimentation.
- The state does not promote ethical alternatives to destructive embryo research.
- West Virginia does not regulate human egg harvesting or assisted reproductive technologies.

END OF LIFE LAWS:

- West Virginia does not have a specific statute criminalizing assisted suicide. However, assisted suicide remains a common law crime.

HEALTHCARE freedom OF CONSCIENCE:

Participation in Abortion and Contraception:

- West Virginia protects the civil rights of healthcare providers, including individuals, hospitals, and other medical facilities who/that conscientiously object to participating in abortions.
- West Virginia has a “contraceptive equity” law, requiring health insurance coverage for contraception. The law provides an exemption to employers or insurers with a conscientious objection to contraceptives.

Participation in Research Harmful to Human Life:

- West Virginia currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- The West Virginia Senate adopted a resolution commending pregnancy resource centers.
- West Virginia considered legislation prohibiting sex-selection abortions, proscribing abortions at 5-months (*i.e.*, 20-weeks) development, regulating abortion clinics and individual abortion provider requirements, and limiting funding for abortions.
- The state also considered legislation that would provide protection for infants who survive attempted abortions, a measure that would establish fetal death or stillbirth certificates or require registration of such deaths, and a measure related to the reporting and/or treatment of suspected prenatal exposure to drugs and alcohol.

RECOMMENDATIONS FOR WEST VIRGINIA

Women’s Protection Project Priorities:

- Women’s Health Defense Act (5-month abortion limitation)
- Abortion Patient’s Enhanced Safety Act
- Abortion-Inducing Drugs Safety Act
- Parental Consent for Abortion Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Abortion Mandate Opt-Out Act
- Defunding Abortion Providers and Advancing Women’s Health Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Born-Alive Infant Protection Act
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

End of Life:

- Assisted Suicide Ban Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

In 2013, Wisconsin's enactment of an ultrasound requirement and a mandate that abortion providers maintain hospital admitting privileges to facilitate timely and appropriate care for abortion complications received significant attention in the media and from abortion advocates who filed legal challenges to the new requirements.

Abortion:

- Wisconsin possesses an enforceable abortion prohibition should the U.S. Constitution be amended or certain U.S. Supreme Court decisions be reversed or modified.
- Wisconsin's Attorney General has issued a statement declaring the state's partial-birth abortion law unenforceable and finding it possibly restrictive of other abortion procedures.
- No abortion may be performed after viability unless necessary to preserve the woman's life or health. Moreover, a physician must use the abortion method most likely to preserve the life and health of the unborn child unless that method would increase the risk to the woman.
- A physician may not perform an abortion on a woman until at least 24 hours after the woman is informed of the probable gestational age of her unborn child, the details of the proposed abortion procedure and its inherent risks, the particular medical risks of her pregnancy, her right to view an ultrasound prior to an abortion, available medical assistance benefits, the father's legal responsibilities, and alternatives to abortion.
- The state also requires abortion providers to state in their printed materials that it is illegal for someone to coerce a woman into having an abortion.
- Wisconsin requires that an ultrasound be performed before an abortion.
- A physician may not perform an abortion on an unemancipated minor without the informed, written consent of one parent, grandparent, aunt, uncle, or sibling who is at least 25 years of age, unless the minor is the victim of rape, incest, or child abuse; there is a medical emergency; or the minor obtains a court order. Further, the law gives discretion to a psychiatrist or psychologist to waive consent based on a belief that the minor will commit suicide rather than obtain consent or seek a court order.
- Wisconsin imposes minimal health and safety requirements on abortion clinics. Further, physicians may only perform first-trimester abortions within 30 minutes travel time of a hospital.
- A law requiring that individual abortion providers must maintain admitting privileges at a local hospital is in litigation.
- Only a licensed physician may perform an abortion.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- Wisconsin provides state funding for abortions for women eligible for public assistance that are directly and medically necessary to preserve the woman's life, to prevent grave, long-lasting physical health damage to the woman, or when the pregnancy is the result of sexual assault or incest reported to law enforcement authorities.
- Generally, no state, local, or federal funds passing through the state's pregnancy programs, projects, or services may be used to perform, promote, refer for, or counsel for abortion. However, referrals may be made if the abortion is necessary to preserve the woman's life. Further, the law only applies to the extent it is able without losing federal funds.
- Wisconsin's "Private Employer Health Care Purchasing Alliance," a voluntary program for private employers, may not include coverage for abortion unless the abortion is needed to preserve the woman's life. Further, coverage for abortions that are "medically necessary" may be obtained only by an optional rider or supplemental coverage provision that is offered and provided on an individual basis and for which an additional premium is paid. Under no circumstances is an employer required to provide coverage for abortion.

- The state prohibits abortion coverage in the state health insurance Exchange required under the federal healthcare law except in cases of life endangerment, rape, incest, or possible “grave, long-lasting physical health damage.”
- Wisconsin prohibits the use of telemedicine to administer abortion-inducing drugs and requires that such drugs be provided only by physicians.

Legal Recognition and protection Of Unborn and Newly Born:

- Under Wisconsin law, the killing of an unborn child at any stage of gestation is defined as a form of homicide.
- Wisconsin defines a nonfatal assault on an unborn child as a crime.
- The state allows wrongful death (civil) actions when a viable unborn child is killed through a negligent or criminal act.
- The state has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- Wisconsin has enacted a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring the infants receive appropriate care and protection.
- The state defines substance abuse during pregnancy as “child abuse” under civil child-welfare statutes.

BIOETHICS LAWS:

- Wisconsin does not ban human cloning, destructive embryo research, or fetal experimentation.
- Wisconsin provides funding for destructive embryo research.
- The state requires that healthcare providers offer pregnant women information on options to donate umbilical cord blood following delivery.
- Wisconsin maintains no comprehensive measures regulating human egg harvesting or assisted reproductive technologies.

END OF LIFE LAWS:

- Under Wisconsin law, assisting in a suicide is a felony.

HEALTHCARE freedom OF CONSCIENCE:

Participation in Abortion and Contraception:

- A physician or other person associated with, employed by, or on staff with a hospital who objects in writing and on moral or religious grounds is not required to participate in abortions.
- A healthcare provider’s conscientious objection to participating in abortion may not be a basis for damages, discrimination in employment or education, disciplinary action, or other recriminatory action.
- An individual or entity is not required, because of the receipt of any grant, contract, or loan under state or federal law, to participate in or make its facilities available for the performance of an abortion if such action is contrary to stated religious or moral beliefs.
- A hospital’s conscientious objection, based on moral or religious grounds, to permitting or performing an abortion may not be a basis for civil damages.
- No individual or entity may be required to participate in or make its facilities available for abortion contrary to religious beliefs or moral convictions because of the receipt of any grant, contract, or loan under state or federal law.
- Wisconsin has a “contraceptive equity” requirement, meaning health insurance coverage must include coverage for contraception. No exemption is provided for employers or insurers with moral or religious objections to contraception.

Participation in Research Harmful to Human Life:

- Wisconsin currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider’s moral or religious belief.

What Happened in 2013:

- Wisconsin enacted a measure requiring ultrasound before abortion and requiring individual abortion providers to maintain admitting privileges at local hospitals.
- The state considered legislation prohibiting sex-selection abortions, as well as measures regarding insurance coverage of abortions and supporting pregnancy resource centers.

RECOMMENDATIONS FOR wisconsin

Women's Protection Project Priorities:

- Women's Health Defense Act (5-month abortion limitation)
- Women's Health Protection Act
- Parental Involvement Enhancement Act
- Child Protection Act

Additional Priorities:

Abortion:

- Defunding the Abortion Industry and Advancing Women's Health Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Unborn Wrongful Death Act (for a pre-viable child)
- Pregnant Woman's Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act

WYOMING

RANKING: 35

Wyoming lacks many basic legal protections for human life. For example, Wyoming does not require informed consent for abortion, mandate minimum health and safety standards for abortion clinics, protect unborn victims of violence, and criminalize assisted suicide.

Abortion:

- No abortion may be performed after viability unless necessary to protect the woman from “imminent peril that substantially endangers her life or health.”
- Wyoming does not have an informed consent law for abortion.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 who is not in active military service or who has not lived independently and apart from her parents for more than six months without receiving the consent of one parent, unless there is a medical emergency or the minor obtains a court order.
- Only a physician licensed to practice medicine in the state and using accepted medical procedures may perform an abortion.
- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- Wyoming follows federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.

Legal Recognition and protection Of Unborn and Newly Born:

- Wyoming law does not recognize an unborn child as a potential victim of homicide or assault.
- Wyoming law defines an attack on a pregnant woman resulting in a miscarriage or stillbirth as a criminal assault. The state also provides enhanced

penalties for murdering a pregnant woman.

- The state allows a wrongful death (civil) action only when an unborn child is born alive following a negligent or criminal act and dies thereafter.
- Wyoming law requires the “commonly accepted means of care shall be employed in the treatment of any viable infant aborted alive with any chance of survival.”
- Wyoming has a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring the infants receive appropriate care and protection.

BIOETHICS LAWS:

- Wyoming has not banned human cloning or destructive embryo research. Further, it does not comprehensively ban fetal experimentation, instead prohibiting only the sale, transfer, or “giving away” of a live or viable aborted child for experimentation. The provision does not apply to children aborted prior to viability.
- The state does not promote ethical alternatives to destructive embryo research.
- Wyoming maintains no comprehensive measures regulating human egg harvesting or assisted reproductive technologies, but it includes “donation of embryos” in the definition of “assisted reproduction.”

END OF LIFE LAWS:

- Wyoming has not enacted a statutory prohibition against assisted suicide. Moreover, since the state does not recognize common law crimes (including assisting in suicide), the legal status of assisted suicide in Wyoming is unclear.

HEALTHCARE Freedom OF CONSCIENCE:

Participation in Abortion and Healthcare Systems:

- A person is not required to participate in an abortion or in any act that assists in the performance of an abortion.
- A healthcare provider’s conscientious objection to participation in abortion may not be the basis for civil liability, discrimination in employment, or the imposition of other sanctions by a hospital, person, firm, association, or group. Moreover, a

healthcare provider injured because of a violation of his or her right of conscience may bring a civil action for damages or injunctive relief.

- A private hospital, institution, or facility is not required to perform or to admit a woman for the purposes of performing an abortion.
- A private hospital, institution, or facility's conscientious objection to permitting an abortion within its facility or admitting a patient for an abortion may not be a basis for civil liability.
- In 2012, Wyoming voters approved a state constitutional amendment providing that none can be compelled to participate in any healthcare system. By doing so, they voted to protect the freedom of conscience of individuals, employers, and healthcare providers who object to providing or paying for certain services, such as abortion and drugs with life-ending mechanisms of action.

Participation in Research Harmful to Human Life:

- Wyoming currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

What Happened in 2013:

- Wyoming considered legislation prohibiting abortion when an unborn child has a heartbeat, as well as measures regarding informed consent, ultrasound, and parental involvement.

RECOMMENDATIONS FOR wyoming

Women’s Protection Project Priorities:

- Women’s Health Defense Act
- Women’s Right to Know Act with reflection period
- Women’s Health Protection Act (abortion clinic regulations)
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act
- Components of the Child Protection Act related to evidence retention and remedies for third-party interference with parental rights

Additional Priorities:

Abortion:

- Abortion Mandate Opt-Out Act
- Defunding the Abortion Industry and Advancing Women’s Health Act
- Women’s Ultrasound Right to Know Act
- Coercive Abuse Against Mothers Prevention Act
- Prenatal Nondiscrimination Act
- Joint Resolution Commending Pregnancy Resource Centers

Legal Recognition and Protection for the Unborn:

- Crimes Against the Unborn Child Act
- Unborn Wrongful Death Act
- Pregnant Woman’s Protection Act

Bioethics:

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

End of Life:

- Assisted Suicide Ban Act

Healthcare Freedom of Conscience:

- Healthcare Freedom of Conscience Act