

1 AN ACT relating to abortion.

2 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

3 ➔Section 1. KRS 311.720 is amended to read as follows:

4 As used in KRS 311.710 to 311.820, and laws of the Commonwealth unless the context
5 otherwise requires:

6 (1) "Abortion" means the use of any means whatsoever to terminate the pregnancy of a
7 woman known to be pregnant with intent to cause fetal death;

8 (2) "Accepted medical procedures" means procedures of the type performed in the
9 manner and in a facility with equipment sufficient to meet the standards of medical
10 care which physicians engaged in the same or similar lines of work, would
11 ordinarily exercise and devote to the benefit of their patients;

12 (3) "Cabinet" means the Cabinet for Health and Family Services of the Commonwealth
13 of Kentucky;

14 (4) "Consent," as used in KRS 311.710 to 311.820 with reference to those who must
15 give their consent, means an informed consent expressed by a written agreement to
16 submit to an abortion on a written form of consent to be promulgated by the
17 secretary for health and family services;

18 (5) **"Ectopic pregnancy" means a fetus or embryo which is developing outside of the**
19 **uterus;**

20 **(6)** "Family planning services" means educational, medical, and social services and
21 activities that enable individuals to determine the number and spacing of their
22 children and to select the means by which this may be achieved;

23 ~~(7)~~~~(6)~~ "Fetus" means a human being from fertilization until birth;

24 ~~(8)~~~~(7)~~ "Hospital" means those institutions licensed in the Commonwealth of
25 Kentucky pursuant to the provisions of KRS Chapter 216;

26 ~~(9)~~~~(8)~~ "Human being" means any member of the species homo sapiens from
27 fertilization until death;

1 (10) "Incomplete miscarriage" or "missed miscarriage" means the loss of a
2 pregnancy in which the pregnancy tissue or products of conception have not yet
3 been expelled from the uterus;

4 (11) "Lethal fetal anomaly" means a fetal condition diagnosed before birth, in
5 writing, by a physician within his or her good-faith medical judgment that the
6 fetus is incompatible with life outside the womb, and confirmed by the opinion of
7 another physician, in writing, following an examination of the patient or a review
8 of the relevant medical records;

9 (12)(9) "Medical emergency" or "medically necessary" means any condition which,
10 on the basis of the physician's good-faith clinical judgment, so complicates the
11 medical condition of a pregnant woman[female] as to necessitate the immediate
12 performance or inducement of an abortion of her pregnancy to avert her death or
13 for which a delay will create, either directly or indirectly a serious risk of
14 substantial and irreversible;

15 (a) Harm to the physical health of the pregnant woman, or life-threatening
16 conditions, including premature rupture of the membranes, hemorrhage,
17 preeclampsia, or cardiac complications;

18 (b) Long-term damage to reproductive health or fertility, including
19 complications that may render the pregnant woman unable to conceive or
20 carry a pregnancy in the future; or

21 (c) Impairment of a major bodily function;

22 (13)(10) "Medical necessity" has the same meaning as "medically necessary" [means
23 a medical condition of a pregnant woman that, in the reasonable judgment of the
24 physician who is attending the woman, so complicates the pregnancy that it
25 necessitates the immediate performance or inducement of an abortion];

26 (14)(11) "Partial-birth abortion" means an abortion in which the physician performing
27 the abortion partially vaginally delivers a living fetus before killing the fetus and

1 completing the delivery;

2 ~~(15)~~~~((12))~~ "Physician" means any person licensed to practice medicine in the
3 Commonwealth or osteopathy pursuant to this chapter;

4 ~~(16)~~~~((13))~~ "Probable gestational age of the embryo or fetus" means the gestational age
5 that, in the judgment of a physician, is, with reasonable probability, the gestational
6 age of the embryo or fetus at the time that the abortion is planned to be performed;

7 ~~(17)~~~~((14))~~ "Public agency" means the Commonwealth of Kentucky; any agency,
8 department, entity, or instrumentality thereof; any city, county, agency, department,
9 entity, or instrumentality thereof; or any other political subdivision of the
10 Commonwealth, agency, department, entity, or instrumentality thereof;

11 ~~(18)~~~~((15))~~ "Vaginally delivers a living fetus before killing the fetus" means deliberately
12 and intentionally delivers into the vagina a living fetus, or a substantial portion
13 thereof, for the purpose of performing a procedure the physician knows will kill the
14 fetus, and kills the fetus; and

15 ~~(19)~~~~((16))~~ "Viability" means that stage of human development when the life of the
16 unborn child may be continued by natural or life-supportive systems outside the
17 womb of the mother.

18 ➔Section 2. KRS 311.723 is amended to read as follows:

19 (1) No abortion shall be performed except by a physician~~[after either]~~:

20 (a) *After the physician*~~[He]~~ determines that, in his *or her* best clinical judgment,
21 the abortion is:

22 *1. Medically* necessary;

23 *2. Performed to remove a dead unborn fetus, an ectopic pregnancy, or a*
24 *missed or incomplete miscarriage;* or

25 *3. Because of a lethal fetal anomaly;*

26 (b) *After the physician*~~[He]~~ receives what he *or she* reasonably believes to be a
27 written statement signed by another physician, hereinafter called the

1 "referring physician," certifying that in the referring physician's best clinical
2 judgment the abortion is necessary, and, in addition, he or she receives a copy
3 of the report form required by KRS 213.101; or

4 (c) If, in the physician's good-faith medical judgment, the pregnancy is the
5 result of rape under KRS 510.040, 510.050, or 510.060, or incest under KRS
6 530.020(2)(b) or (c), and the gestational age of the fetus is twenty-two (22)
7 weeks or less.

8 (2) No abortion shall be performed except in compliance with regulations which the
9 cabinet shall issue to ensure that:

10 (a) Before the abortion is performed, the pregnant woman shall have a private
11 medical consultation either with the physician who is to perform the abortion
12 or with the referring physician in a place, at a time, and of a duration
13 reasonably sufficient to enable the physician to determine whether, based
14 upon the physician's ~~his~~ best clinical judgment, the abortion is necessary;

15 (b) The physician who is to perform the abortion or the referring physician will
16 describe the basis for his or her best clinical judgment that the abortion is
17 necessary on a form prescribed by the cabinet as required by KRS 213.101;
18 and

19 (c) Paragraph (a) of this subsection shall not apply when, in the medical judgment
20 of the attending physician based on the particular facts of the case before him
21 or her, there exists a medical emergency. In such a case, the physician shall
22 describe the basis of his or her medical judgment that an emergency exists on
23 a form prescribed by the cabinet as required by KRS 213.101.

24 (3) Notwithstanding any statute to the contrary, nothing in this chapter shall be
25 construed as prohibiting a physician from prescribing or a woman from using birth
26 control methods or devices, including, but not limited to, intrauterine devices, oral
27 contraceptives, or any other birth control method or device.

1 ➔Section 3. KRS 311.725 is amended to read as follows:

2 (1) No abortion shall be performed or induced except with the voluntary and informed
3 written consent of the woman upon whom the abortion is to be performed or
4 induced. Except in the case of a medical emergency, consent to an abortion is
5 voluntary and informed if and only if:

6 (a) At least twenty-four (24) hours prior to the abortion, a physician, licensed
7 nurse, physician assistant, or social worker to whom the responsibility has
8 been delegated by the physician has verbally informed the woman of all of the
9 following:

10 1. The nature and purpose of the particular abortion procedure or treatment
11 to be performed and of those medical risks and alternatives to the
12 procedure or treatment that a reasonable patient would consider material
13 to the decision of whether or not to undergo the abortion;

14 2. The probable gestational age of the embryo or fetus at the time the
15 abortion is to be performed;

16 3. The medical risks associated with the pregnant woman carrying her
17 pregnancy to term; and

18 4. The potential ability of a physician to reverse the effects of prescription
19 drugs intended to induce abortion, where additional information about
20 this possibility may be obtained, and contact information for assistance
21 in locating a physician who may aid in the reversal;

22 (b) At least twenty-four (24) hours prior to the abortion, in an individual, private
23 setting, a physician, licensed nurse, physician assistant, or social worker to
24 whom the responsibility has been delegated by the physician has informed the
25 pregnant woman that:

26 1. The cabinet publishes the printed materials described in subsection
27 (2)(a), (b), and (c) of this section and that she has a right to review the

- 1 printed materials and that copies will be provided to her by the
2 physician, licensed nurse, physician assistant, or social worker free of
3 charge if she chooses to review the printed materials;
- 4 2. Medical assistance benefits may be available for prenatal care,
5 childbirth, and neonatal care, and that more detailed information on the
6 availability of such assistance is contained in the printed materials
7 published by the cabinet;
- 8 3. The father of the fetus is liable to assist in the support of her child, even
9 in instances where he has offered to pay for the abortion; and
- 10 4. It is illegal in Kentucky to intentionally perform an abortion, in whole or
11 in part, because of:
- 12 a. The sex of the unborn child;
- 13 b. The race, color, or national origin of the unborn child; or
- 14 c. The diagnosis, or potential diagnosis, of Down syndrome or any
15 other disability, *except a lethal fetal anomaly*;
- 16 (c) At least twenty-four (24) hours prior to the abortion, a copy of the printed
17 materials has been provided to the pregnant woman if she chooses to view
18 these materials;
- 19 (d) The pregnant woman certifies in writing, prior to the performance or
20 inducement of the abortion:
- 21 1. That she has received the information required to be provided under
22 paragraphs (a), (b), and (c) of this subsection; and
- 23 2. That she consents to the particular abortion voluntarily and knowingly,
24 and she is not under the influence of any drug of abuse or alcohol; and
- 25 (e) Prior to the performance or inducement of the abortion, the physician who is
26 scheduled to perform or induce the abortion or the physician's agent receives a
27 copy of the pregnant woman's signed statement, on a form which may be

1 provided by the physician, on which she consents to the abortion and that
2 includes the certification required by paragraph (d) of this subsection.

3 (2) ~~[By January 1, 1999,]~~The cabinet shall cause to be published in English in a
4 typeface not less than 12 point type the following~~[materials]~~:

5 (a) Materials that inform the pregnant woman about public and private agencies
6 and services that are available to assist her through her pregnancy, upon
7 childbirth, and while her child is dependent, including~~[,]~~ but not limited to~~[,]~~
8 adoption agencies. The materials shall include a comprehensive list of the
9 available agencies and a description of the services offered by the agencies
10 and the telephone numbers and addresses of the agencies, and inform the
11 pregnant woman about available medical assistance benefits for prenatal care,
12 childbirth, and neonatal care and about the support obligations of the father of
13 a child who is born alive. The cabinet shall ensure that the materials are
14 comprehensive and do not directly or indirectly promote, exclude, or
15 discourage the use of any agency or service described in this section;

16 (b) Materials that inform the pregnant woman of the probable anatomical and
17 physiological characteristics of the zygote, blastocyte, embryo, or fetus at two
18 (2) week gestational increments for the first sixteen (16) weeks of her
19 pregnancy and at four (4) week gestational increments from the seventeenth
20 week of her pregnancy to full term, including any relevant information
21 regarding the time at which the fetus possibly would be viable. The materials
22 shall use language that is understandable by the average person who is not
23 medically trained, shall be objective and nonjudgmental, and shall include
24 only accurate scientific information about the zygote, blastocyte, embryo, or
25 fetus at the various gestational increments. The materials shall include, for
26 each of the two (2) ~~or~~of four (4) week increments specified in this
27 paragraph, a pictorial or photographic depiction of the zygote, blastocyte,

- 1 embryo, or fetus. The materials shall also include, in a conspicuous manner, a
2 scale or other explanation that is understandable by the average person and
3 that can be used to determine the actual size of the zygote, blastocyte, embryo,
4 or fetus at a particular gestational increment as contrasted with the depicted
5 size of the zygote, blastocyte, embryo, or fetus at that gestational increment;
6 and
- 7 (c) Materials that inform the pregnant woman of the potential ability of a
8 physician to reverse the effects of prescription drugs intended to induce
9 abortion, where additional information about this possibility may be obtained,
10 and contact information for assistance in locating a physician who may aid in
11 the reversal.
- 12 (3) Upon submission of a request to the cabinet by any person, hospital, physician, or
13 medical facility for one (1) or more copies of the materials published in accordance
14 with subsection (2) of this section, the cabinet shall make the requested number of
15 copies of the materials available to the person, hospital, physician, or medical
16 facility that requested the copies.
- 17 (4) If a medical emergency or medical necessity compels the performance or
18 inducement of an abortion, the physician who will perform or induce the abortion,
19 prior to its performance or inducement if possible, shall inform the pregnant woman
20 of the medical indications supporting the physician's judgment that an immediate
21 abortion is necessary. Any physician who performs or induces an abortion without
22 the prior satisfaction of the conditions specified in subsection (1) of this section
23 because of a medical emergency or medical necessity shall enter the reasons for the
24 conclusion that a medical emergency or medical necessity exists in the medical
25 record of the pregnant woman.
- 26 (5) If the conditions specified in subsection (1) of this section are satisfied, consent to
27 an abortion shall be presumed to be valid and effective.

(6) The failure of a physician to satisfy the conditions of subsection (1) of this section prior to performing or inducing an abortion upon a pregnant woman may be the basis of disciplinary action pursuant to KRS 311.595.

(7) The cabinet shall charge a fee for each copy of the materials distributed in accordance with subsections (1) and (3) of this section. The fee shall be sufficient to cover the cost of the administration of the materials published in accordance with subsection (2) of this section, including the cost of preparation and distribution of materials.

➔Section 4. KRS 311.727 is amended to read as follows:

(1) As used in this section:

(a) "Auscultate~~[Auscultate]~~" means to examine by listening for sounds made by internal organs of the fetus, specifically for a fetal heartbeat, utilizing an ultrasound transducer or a fetal heart rate monitor;

(b) "Obstetric ultrasound" or "ultrasound" means the use of ultrasonic waves for diagnostic or therapeutic purposes, specifically to monitor a developing fetus; and

(c) "Qualified technician" means a medical imaging technologist as defined in KRS 311B.020 who is certified in obstetrics and gynecology by the American Registry for Diagnostic Medical Sonography or a nurse midwife or advance practice nurse practitioner in obstetrics with certification in obstetrical ultrasonography.

(2) Prior to a woman giving informed consent to having any part of an abortion performed, the physician who is to perform the abortion or a qualified technician to whom the responsibility has been delegated by the physician shall:

(a) Perform an obstetric ultrasound on the pregnant woman;

(b) Provide a simultaneous explanation of what the ultrasound is depicting, which shall include the presence and location of the unborn child within the uterus

- 1 and the number of unborn children depicted and also, if the ultrasound image
2 indicates that fetal demise has occurred, inform the woman of that fact;
- 3 (c) Display the ultrasound images so that the pregnant woman may view the
4 images;
- 5 (d) Auscultate~~Auscultate~~ the fetal heartbeat of the unborn child so that the
6 pregnant woman may hear the heartbeat if the heartbeat is audible;
- 7 (e) Provide a medical description of the ultrasound images, which shall include
8 the dimensions of the embryo or fetus and the presence of external members
9 and internal organs, if present and viewable; and
- 10 (f) Retain in the woman's medical record a signed certification from the pregnant
11 woman that she has been presented with the information required to be
12 provided under paragraphs (c) and (d) of this subsection and has viewed the
13 ultrasound images, listened to the heartbeat if the heartbeat is audible, or
14 declined to do so. The signed certification shall be on a form prescribed by the
15 cabinet.
- 16 (3) When the ultrasound images and heartbeat sounds are provided to and reviewed
17 with the pregnant woman, nothing in this section shall be construed to prevent the
18 pregnant woman from averting her eyes from the ultrasound images or requesting
19 the volume of the heartbeat be reduced or turned off if the heartbeat is audible.
20 Neither the physician, the qualified technician, nor the pregnant woman shall be
21 subject to any penalty if the pregnant woman refuses to look at the displayed
22 ultrasound images or to listen to the heartbeat if the heartbeat is audible.
- 23 (4) The requirements of this section shall be in addition to any requirement contained
24 in KRS 311.725 or any other section of KRS 311.710 to 311.820.
- 25 (5) The provisions of this section shall not apply:
- 26 (a) In the case of a medical emergency or medical necessity. If a medical
27 emergency or medical necessity compels the performance or inducement of an

1 abortion, the physician who will perform or induce the abortion, prior to its
2 performance or inducement if possible, shall inform the pregnant woman of
3 the medical indications supporting the physician's judgment that an immediate
4 abortion is necessary. Any physician who performs or induces an abortion
5 without the prior satisfaction of the requirements of this section because of a
6 medical emergency or medical necessity shall enter the reasons for the
7 conclusion that a medical emergency or medical necessity exists in the
8 medical record of the pregnant woman; or

9 **(b) If the fetus the pregnant woman is carrying has a lethal fetal anomaly.**

10 ➔Section 5. KRS 311.732 is amended to read as follows:

11 (1) For purposes of this section the following definitions shall apply:

12 (a) "Minor" means any person under the age of eighteen (18);

13 (b) "Emancipated minor" means any minor who is or has been married or has by
14 court order or otherwise been freed from the care, custody, and control of her
15 parents; and

16 (c) "Abortion" means the use of any instrument, medicine, drug, or any other
17 substance or device with intent to terminate the pregnancy of a woman known
18 to be pregnant~~[with intent]~~ other than to increase the probability of a live
19 birth, to preserve the life or health of the child after live birth,~~[or]~~ to remove a
20 dead fetus, **or as provided in subsection (4) of this section.**

21 (2) No person shall perform an abortion upon a minor unless:

22 (a) The attending physician has secured the informed written consent of the
23 minor and one (1) parent or legal guardian with joint or physical custody and
24 the consenting parent or legal guardian of the minor has made a reasonable
25 attempt to notify any other parent with joint or physical custody at least forty-
26 eight (48) hours prior to providing the informed written consent.

27 1. Notice shall not be required to be provided to any parent who has:

- 1 a. Previously been enjoined by a domestic violence order or
2 interpersonal protective order, regardless of whether or not the
3 person to be protected by the order was the minor; or
- 4 b. Been convicted of, or entered into a diversion program for, a
5 criminal offense against a victim who is a minor as defined in
6 KRS 17.500 or for a violent or sexual criminal offense under KRS
7 Chapter 506, 507, 507A, 508, 509, 510, 529, 530, or 531.
- 8 2. The informed written consent shall include:
 - 9 a. A copy of the minor's government-issued identification, a copy of
10 the consenting parent's or legal guardian's government-issued
11 identification, and written documentation including but not limited
12 to a birth certificate, court-ordered custodial paperwork, or tax
13 return, establishing that he or she is the lawful parent or legal
14 guardian; and
 - 15 b. The parent's or legal guardian's certification that he or she consents
16 to the abortion. The certification shall be in a signed, dated, and
17 notarized document that has been initialed on each page and that
18 contains the following statement, which shall precede the signature
19 of the parent or legal guardian: "I, (insert name of parent or legal
20 guardian), am the (select "parent" or "legal guardian") of (insert
21 name of minor) and give consent for (insert name of attending
22 physician) to perform an abortion on her. Under penalties of
23 perjury, I declare that I have read the foregoing statement and that
24 the facts stated in it are true."
- 25 3. The attending physician shall keep a copy of the informed written
26 consent in the medical file of the minor for five (5) years after the minor
27 reaches eighteen (18) years of age or for seven (7) years, whichever is

1 longer.

2 4. The attending physician securing the informed written consent from a
3 parent or legal guardian under this subsection shall execute for inclusion
4 in the medical record of the minor an affidavit stating: "I, (insert name
5 of attending physician), certify that, according to my best information
6 and belief, a reasonable person under similar circumstances would rely
7 on the information presented by both the minor and her parent or legal
8 guardian as sufficient evidence of identity.";

9 (b) The minor is emancipated and the attending physician has received the
10 informed written consent of the minor; or

11 (c) The minor elects to petition any Circuit or District Court of the
12 Commonwealth pursuant to subsection (3) of this section and obtain an order
13 pursuant to subsection (4) of this section granting consent to the abortion and
14 the attending physician has received the informed written consent of the
15 minor.

16 (3) Every minor shall have the right to petition any Circuit or District Court of the
17 Commonwealth for an order granting the right to self-consent to an abortion
18 pursuant to the following procedures:

19 (a) The minor or her next friend may prepare and file a petition setting forth the
20 request of the minor for an order of consent to an abortion;

21 (b) The court shall ensure that the minor prepares or her next friend is given
22 assistance in preparing and filing the petition and shall ensure that the minor's
23 identity is kept anonymous;

24 (c) The minor may participate in proceedings in the court on her own behalf or
25 through her next friend and the court shall appoint a guardian ad litem for her.
26 The court shall advise her that she has a right to court-appointed counsel and
27 shall provide her with such counsel upon her request;

1 (d) All proceedings under this section shall be anonymous and shall be given
2 preference over other matters to ensure that the court may reach a decision
3 promptly, but in no case shall the court fail to rule within seventy-two (72)
4 hours of the time of application, provided that the seventy-two (72) hour
5 limitation may be extended at the request of the minor; and

6 (e) The court shall hold a hearing on the merits of the petition before reaching a
7 decision. The court shall hear evidence at the hearing relating to:

8 1. The minor's:

- 9 a. Age;
10 b. Emotional development and stability;
11 c. Maturity;
12 d. Intellect;
13 e. Credibility and demeanor as a witness;
14 f. Ability to accept responsibility;
15 g. Ability to assess both the current and future life-impacting
16 consequences of, and alternatives to, the abortion; and
17 h. Ability to understand and explain the medical risks of the abortion
18 and to apply that understanding to her decision; and

19 2. Whether there may be any undue influence by another on the minor's
20 decision to have an abortion.

21 (4) (a) If the court finds by:

- 22 1. Clear and convincing evidence that the minor is sufficiently mature to
23 decide whether to have an abortion;
24 2. Clear and convincing evidence that the requirements of this section are
25 not in the best interest of the minor; or
26 3. A preponderance of the evidence that the minor is:

27 a. The victim of child abuse or sexual abuse inflicted by one (1) or

1 both of her parents or her legal guardian;

2 *b. Pregnant with a fetus that has a lethal fetal anomaly;*

3 *c. Seeking the abortion to remove a dead fetus, ectopic pregnancy,*
4 *missed miscarriage, or incomplete miscarriage; or*

5 *d. Pregnant as a result of rape under KRS 510.040, 510.050, or*
6 *510.060, or incest under KRS 530.020(2)(b) or (c), and the*
7 *gestational age of the fetus is twenty-two (22) weeks or less;*

8 the court shall enter a written order, making specific factual findings and legal
9 conclusions supporting its decision to grant the petition for an abortion.

10 (b) If the court does not make any of the findings specified in paragraph (a) of
11 this subsection, the court shall deny the petition.

12 (c) As used in this subsection, "best interest of the minor" shall not include
13 financial best interest, financial considerations, or the potential financial
14 impact on the minor or the minor's family if the minor does not have an
15 abortion.

16 (5) Any minor shall have the right of anonymous and expedited appeal to the Court of
17 Appeals, and that court shall give precedence over other pending matters.

18 (6) All hearings under this section, including appeals, shall remain confidential and
19 closed to the public. The hearings shall be held in chambers or in a similarly private
20 and informal setting within the courthouse.

21 (7) No fees shall be required of any minor who declares she has no sufficient funds to
22 pursue the procedures provided by this section.

23 (8) (a) The Supreme Court is respectfully requested to promulgate any rules~~and~~
24 ~~regulations~~ it feels are necessary to ensure that proceedings under this section
25 are handled in an expeditious and anonymous manner.

26 (b) The Supreme Court, through the Administrative Office of the Courts, shall
27 report by February 1 of each year to the Legislative Research Commission

1 and the cabinet on the number of petitions filed under subsection (3) of this
2 section for the preceding year, and the timing and manner of disposal of the
3 petition by each court. For each approved petition granting an abortion filed
4 under subsection (3) of this section, the specific court finding in subsection
5 (4) of this section shall be included in the report.

6 (9) (a) The requirements of subsections (2), (3), and (4) of this section shall not apply
7 when, in the best medical judgment of the physician based on the facts of the
8 case before him or her, a medical emergency exists that so complicates the
9 pregnancy as to require an immediate abortion.

10 (b) If a medical emergency exists, the physician shall make reasonable attempts,
11 whenever possible, and without endangering the minor, to contact the parent
12 or legal guardian of the minor, and may proceed, but must document reasons
13 for the medical necessity in the minor's medical records.

14 (c) The physician shall inform the parent or legal guardian, in person or by
15 telephone, within twenty-four (24) hours of the abortion, including details of
16 the medical emergency that necessitated the abortion without the parent's or
17 legal guardian's consent. The physician shall also provide this information in
18 writing to the parent or legal guardian at his or her last known address by
19 first-class mail or by certified mail, return receipt requested, with delivery
20 restricted to the parent or legal guardian.

21 (10) A report indicating the basis for any medical judgment that warrants failure to
22 obtain consent pursuant to this section shall be filed with the Cabinet for Health and
23 Family Services on a form supplied by the cabinet. This report shall be confidential.

24 (11) Failure to obtain consent pursuant to the requirements of this section is prima facie
25 evidence of failure to obtain informed consent and of interference with family
26 relations in appropriate civil actions. The law of this state shall not be construed to
27 preclude the award of exemplary damages in any appropriate civil action relevant to

1 violations of this section. Nothing in this section shall be construed to limit the
2 common-law rights of parents.

3 (12) A minor upon whom an abortion is performed is not guilty of violating this section.

4 ➔Section 6. KRS 311.7701 is amended to read as follows:

5 As used in KRS 311.7701 to 311.7711:

6 (1) "Conception" means fertilization;

7 (2) "Contraceptive" means a drug, device, or chemical that prevents conception;

8 (3) **"Ectopic pregnancy" has the same meaning as in Section 1 of this Act;**

9 **(4)** "Fertilization" has the same meaning as in KRS 311.781;

10 ~~**(5)**~~~~**(4)**~~ "Fetal heartbeat" means cardiac activity or the steady and repetitive rhythmic
11 contraction of the fetal heart within the gestational sac;

12 ~~**(6)**~~~~**(5)**~~ "Fetus" means the human offspring developing during pregnancy from the
13 moment of conception and includes the embryonic stage of development;

14 ~~**(7)**~~~~**(6)**~~ "Frivolous conduct" has the same meaning as in KRS 311.784;

15 ~~**(8)**~~~~**(7)**~~ "Gestational age" means the age of an unborn human individual as calculated
16 from the first day of the last menstrual period of a pregnant woman;

17 ~~**(9)**~~~~**(8)**~~ "Gestational sac" means the structure that comprises the extraembryonic
18 membranes that envelop the fetus and that is typically visible by ultrasound after
19 the fourth week of pregnancy;

20 ~~**(10)**~~~~**(9)**~~ "Intrauterine pregnancy" means a pregnancy in which the fetus is attached to
21 the placenta within the uterus of the pregnant woman;

22 ~~**(11)**~~~~**(10)**~~ **"Lethal fetal anomaly" has the same meaning as in Section 1 of this Act;**

23 **(12)** "Medical emergency" **or "medically necessary"** has the same meaning as in KRS
24 311.781;

25 ~~**(13)**~~~~**(11)**~~ "Physician" has the same meaning as in KRS 311.720;

26 ~~**(14)**~~~~**(12)**~~ "Pregnancy" means the human female reproductive condition that begins with
27 fertilization, when the woman is carrying the developing human offspring, and that

1 is calculated from the first day of the last menstrual period of the woman;

2 ~~(15)~~~~(13)~~ "Serious risk of the substantial and irreversible impairment of a major bodily
3 function" has the same meaning as in KRS 311.781;

4 ~~(16)~~~~(14)~~ "Spontaneous miscarriage" means the natural or accidental termination of a
5 pregnancy and the expulsion of the fetus, typically caused by genetic defects in the
6 fetus or physical abnormalities in the pregnant woman;

7 ~~(17)~~~~(15)~~ "Standard medical practice" means the degree of skill, care, and diligence that
8 a physician of the same medical specialty would employ in like circumstances. As
9 applied to the method used to determine the presence of a fetal heartbeat for
10 purposes of KRS 311.7704, "standard medical practice" includes employing the
11 appropriate means of detection depending on the estimated gestational age of the
12 fetus and the condition of the woman and her pregnancy; and

13 ~~(18)~~~~(16)~~ "Unborn child" and "unborn human individual" have the same meaning as
14 "unborn child" has in KRS 311.781.

15 ➔Section 7. KRS 311.7706 is amended to read as follows:

16 (1) Except as provided in subsection (2) of this section, no person shall intentionally
17 perform or induce an abortion on a pregnant woman with the specific intent of
18 causing or abetting the termination of the life of the unborn human individual the
19 pregnant woman is carrying and whose fetal heartbeat has been detected in
20 accordance with KRS 311.7704(1).

21 (2) (a) Subsection (1) of this section shall not apply to a physician who performs a
22 medical procedure that, in the physician's reasonable medical judgment:~~;~~

23 1. Is designed or intended to prevent the death of the pregnant woman or to
24 prevent a serious risk of the substantial and irreversible impairment of a
25 major bodily function of the pregnant woman as defined in Section 10
26 of this Act;

27 2. Is necessary because of a lethal fetal anomaly, ectopic pregnancy,

1 missed miscarriage, or incomplete miscarriage; or

2 3. Is performed because, in the good-faith medical judgment of the
3 physician, the pregnancy is the result of rape under KRS 510.040,
4 510.050, 510.060, or incest under KRS 530.020(2)(b) or (c), and the
5 gestational age of the fetus is twenty-two (22) weeks or less.

6 (b) A physician who performs a medical procedure as described in paragraph (a)
7 1. of this subsection shall, in writing:

8 1. Declare that the medical procedure is necessary, to the best of the
9 physician's reasonable medical judgment, to prevent the death of the
10 pregnant woman or to prevent a serious risk of the substantial and
11 irreversible impairment of a major bodily function of the pregnant
12 woman; and

13 2. Specify the pregnant woman's medical condition that the medical
14 procedure is asserted to address and the medical rationale for the
15 physician's conclusion that the medical procedure is necessary to
16 prevent the death of the pregnant woman or to prevent a serious risk of
17 the substantial and irreversible impairment of a major bodily function of
18 the pregnant woman.

19 (c) A physician who performs a medical procedure as described in paragraph
20 (a)3. of this subsection shall, in writing, specify the basis for the
21 determination that the gestational age of the fetus is twenty-two (22) weeks
22 or less.

23 (d) The physician shall place the written document required by paragraph (a), (b),
24 or (c) of this subsection in the pregnant woman's medical records. The
25 physician shall maintain a copy of the document in the physician's own
26 records for at least seven (7) years from the date the document is created.

27 (3) A person is not in violation of subsection (1) of this section if the person acts in

1 accordance with KRS 311.7704(1) and the method used to determine the presence
2 of a fetal heartbeat does not reveal a fetal heartbeat.

3 (4) A pregnant woman on whom an abortion is intentionally performed or induced in
4 violation of subsection (1) of this section is not guilty of violating subsection (1) of
5 this section or of attempting to commit, conspiring to commit, or complicity in
6 committing a violation of subsection (1) of this section. In addition, the pregnant
7 woman is not subject to a civil penalty based on the abortion being performed or
8 induced in violation of subsection (1) of this section.

9 (5) Subsection (1) of this section shall not repeal or limit any other provision of the
10 Kentucky Revised Statutes that restricts or regulates the performance or inducement
11 of an abortion by a particular method or during a particular stage of a pregnancy.

12 ➔Section 8. KRS 311.772 is amended to read as follows:

13 (1) As used in this section:

14 (a) "Fertilization" means that point in time when a male human sperm penetrates
15 the zona pellucida of a female human ovum;

16 (b) "Medical emergency" or "medically necessary" has the same meaning as
17 in Section 1 of this Act;

18 (c) "Pregnant" means the human female reproductive condition of having a living
19 unborn human being within her body throughout the entire embryonic and
20 fetal stages of the unborn child from fertilization to full gestation and
21 childbirth; and

22 ~~(d)(e)}~~ "Unborn human being" means an individual living member of the
23 species homo sapiens throughout the entire embryonic and fetal stages of the
24 unborn child from fertilization to full gestation and childbirth.

25 (2) The provisions of this section shall become effective immediately upon, and to the
26 extent permitted, by the occurrence of any of the following circumstances:

27 (a) Any decision of the United States Supreme Court which reverses, in whole or

1 in part, Roe v. Wade, 410 U.S. 113 (1973), thereby restoring to the
2 Commonwealth of Kentucky the authority to prohibit abortion; or

3 (b) Adoption of an amendment to the United States Constitution which, in whole
4 or in part, restores to the Commonwealth of Kentucky the authority to prohibit
5 abortion.

6 (3) **Except as otherwise provided in Sections 2, 3, 4, 5, 7, 8, and 9 of this Act, and**
7 **subsections (4) and (6) of this section,** ~~[(a)]~~no person may knowingly:

8 ~~(a)[1.]~~ Administer to, prescribe for, procure for, or sell to any pregnant woman
9 any medicine, drug, or other substance with the specific intent of causing or
10 abetting the termination of the life of an unborn human being; or

11 ~~(b)[2.]~~ Use or employ any instrument or procedure upon a pregnant woman
12 with the specific intent of causing or abetting the termination of the life of an
13 unborn human being.

14 ~~[(b) Any person who violates paragraph (a) of this subsection shall be guilty of a~~
15 ~~Class D felony.]~~

16 (4) The following shall not be a violation of subsection (3) of this section:

17 (a) For a licensed physician to perform a medical procedure necessary in **the**
18 reasonable medical judgment **of the physician** to prevent the death or
19 substantial risk of death due to a physical condition, or to prevent the serious,
20 permanent impairment of a life-sustaining organ of a pregnant woman **as**
21 **defined in Section 10 of this Act.** However, **except in circumstances under**
22 **paragraph (b) of this subsection,** the physician shall make reasonable
23 medical efforts under the circumstances to preserve both the life of the mother
24 and the life of the unborn human being in a manner consistent with reasonable
25 medical practice;~~[or]~~

26 (b) **For a licensed physician to perform an abortion because of a lethal fetal**
27 **anomaly;**

1 (c) For a licensed physician to perform an abortion if in the good-faith medical
2 judgment of the physician the pregnancy is the result of rape under KRS
3 510.040, 510.050, or 510.060, or incest under KRS 530.020(2)(b) or (c), and
4 the gestational age of the fetus is twenty-two (22) weeks or less; or

5 (d) Medical treatment provided to the mother by a licensed physician which
6 results in the accidental or unintentional injury or death to the unborn human
7 being.

8 (5) Except as provided in this subsection, and notwithstanding any provision of law
9 to the contrary, a physician who complies with the requirement of KRS 311.710 to
10 KRS 311.830 shall be immune:

11 (a) From criminal liability and penalty for any harm or damages alleged to
12 arise from an act or omission in the treatment of a woman related to the
13 termination of a pregnancy or a lost pregnancy, except nothing in this
14 paragraph limits any liability for gross negligence or wanton, willful,
15 malicious, or intentional conduct; and

16 (b) From civil liability for any personal injury or damages alleged to arise from
17 the treatment of a pregnant woman, except nothing in this paragraph limits
18 any civil liability for injury or damage arising from a deviation of the
19 accepted medical standard of care, gross negligence, or willful, malicious,
20 or intentional conduct.

21 Nothing in this subsection shall be construed to amend, repeal, or alter any other
22 immunity, defense, limitation of liability, or procedure available or required
23 under any other law or contract.

24 (6) Nothing in this section may be construed to subject the pregnant mother upon
25 whom any abortion is performed or attempted to any criminal conviction and
26 penalty.

27 ~~(7)~~ Nothing in this section may be construed to prohibit the sale, use,

1 prescription, or administration of a contraceptive measure, drug, or chemical, if it is
 2 administered prior to the time when a pregnancy could be determined through
 3 conventional medical testing and if the contraceptive measure is sold, used,
 4 prescribed, or administered in accordance with manufacturer instructions.

5 ~~(8)~~~~(7)~~ The provisions of this section shall be effective relative to the appropriation of
 6 Medicaid funds, to the extent consistent with any executive order by the President
 7 of the United States, federal statute, appropriation rider, or federal regulation that
 8 sets forth the limited circumstances in which states must fund abortion to remain
 9 eligible to receive federal Medicaid funds pursuant to 42 U.S.C. secs. 1396 et seq.

10 ➔Section 9. KRS 311.780 is amended to read as follows:

11 (1) No abortion shall be performed or prescribed knowingly after the unborn child may
 12 reasonably be expected to have reached viability, except when:

13 (a) Medically necessary to preserve the life or health of the woman; or

14 (b) There is a fetal anomaly.

15 (2) In those instances where an abortion is performed under this section, the person
 16 performing the abortion shall take all reasonable steps in keeping with reasonable
 17 medical practices to preserve the life and health of the child, including but not
 18 limited to KRS 311.760(2), except when the abortion is performed under
 19 subsection (1)(b) of this section.

20 ➔Section 10. KRS 311.781 is amended to read as follows:

21 As used in KRS 311.781 to 311.786:

22 (1) "Fertilization" means the fusion of a human spermatozoon with a human ovum;

23 (2) "Gestational age" has the same meaning as in KRS 311.7701;

24 (3) "Medical emergency" or "medically necessary" has the same meaning as in

25 Section 1 of this Act~~means a condition that in the physician's reasonable medical~~

26 ~~judgment, based upon the facts known to the physician at that time, so complicates~~

27 ~~the woman's pregnancy as to necessitate the immediate performance or inducement~~

1 of an abortion in order to prevent the death of the pregnant woman or to avoid a
2 serious risk of the substantial and irreversible impairment of a major bodily
3 function of the pregnant woman that delay in the performance or inducement of the
4 abortion would create];

5 (4) **"Lethal fetal anomaly" has the same meaning as in Section 1 of this Act;**

6 **(5)** "Pain-capable unborn child" means an unborn child of a probable gestational age of
7 fifteen (15) weeks or more;

8 **(6)**~~[(5)]~~ "Physician" has the same meaning as in KRS 311.720;

9 **(7)**~~[(6)]~~ "Probable gestational age" has the same meaning as in KRS 311.720;

10 **(8)**~~[(7)]~~ "Reasonable medical judgment" means a medical judgment that would be
11 made by a reasonably prudent physician, knowledgeable about the case and the
12 treatment possibilities with respect to the medical conditions involved;

13 **(9)**~~[(8)]~~ "Serious risk of the substantial and irreversible impairment of a major bodily
14 function" means any medically diagnosed condition that so complicates the
15 pregnancy of the woman as to directly or indirectly **pose a substantial risk of**~~cause~~
16 ~~the substantial and irreversible;~~

17 **(a) Harm to the physical health of the pregnant woman, or life-threatening**
18 **conditions, including premature rupture of the membranes, hemorrhage,**
19 **preeclampsia, or cardiac complications;**

20 **(b) Long-term damage to reproductive health or fertility, including**
21 **complications that may render the pregnant woman unable to conceive or**
22 **carry a pregnancy in the future; or**

23 **(c)** Impairment of a major bodily function~~[- A medically diagnosed condition that~~
24 ~~constitutes a "serious risk of the substantial and irreversible impairment of a~~
25 ~~major bodily function" includes pre eclampsia, inevitable abortion, and~~
26 ~~premature rupture of the membranes, but does not include a condition related~~
27 ~~to the woman's mental health]; and~~

1 ~~(10)~~~~(9)~~ "Unborn child" means an individual organism of the species homo sapiens
2 from fertilization until live birth.

3 ➔Section 11. KRS 311.782 is amended to read as follows:

4 (1) No person shall intentionally perform or induce or intentionally attempt to perform
5 or induce an abortion on a pregnant woman when the probable gestational age of
6 the unborn child is fifteen (15) weeks or greater, except as provided in Sections 2,
7 3, 4, 5, 7, 8, and 9 of this Act, and subsection (2) of this section.

8 (2) It shall be an affirmative defense to a charge under subsection (1) of this section
9 that the abortion was intentionally performed or induced or intentionally attempted
10 to be performed or induced by a physician and that the physician determined, in the
11 physician's reasonable medical judgment, based on the facts known to the physician
12 at that time, that any~~either~~ of the following applied:

13 (a) The probable gestational age of the unborn child was less than fifteen (15)
14 weeks;~~or~~

15 (b) The abortion was medically necessary to prevent the death of the pregnant
16 woman or to avoid a serious risk of the substantial and irreversible
17 impairment of a major bodily function of the pregnant woman; or~~. No~~
18 ~~abortion shall be necessary if it is based on a claim or diagnosis that the~~
19 ~~pregnant woman will engage in conduct that would result in her death or in~~
20 ~~substantial and irreversible impairment of a major bodily function or if it is~~
21 ~~based on any reason related to her mental health]~~

22 (c) The abortion was necessary because of a lethal fetal anomaly.

23 (3) (a) Except when a medical emergency exists that prevents compliance with KRS
24 311.783, the affirmative defense set forth in subsection (2)(a) of this section
25 shall~~does~~ not apply unless the physician who intentionally performs or
26 induces or intentionally attempts to perform or induce the abortion makes a
27 determination of the probable gestational age of the unborn child as required

1 by KRS 311.783(1) or relied upon such a determination made by another
2 physician and certifies in writing, based on the results of the tests performed,
3 that in the physician's reasonable medical judgment the unborn child's
4 probable gestational age is less than fifteen (15) weeks.

5 (b) Except when a medical emergency exists that prevents compliance with one
6 (1) or more of the following conditions, the affirmative defense set forth in
7 subsection (2)(b) of this section ~~shall~~^{does} not apply unless the physician
8 who intentionally performs or induces or intentionally attempts to perform or
9 induce the abortion complies with all of the following conditions:

- 10 1. The physician who intentionally performs or induces or intentionally
11 attempts to perform or induce the abortion certifies in writing that, in the
12 physician's reasonable medical judgment, based on the facts known to
13 the physician at that time, the abortion is medically necessary to prevent
14 the death of the pregnant woman or to avoid a serious risk of the
15 substantial and irreversible impairment of a major bodily function of the
16 pregnant woman;
- 17 2. A different physician not professionally related to the physician
18 described in subparagraph 1. of this paragraph certifies in writing that,
19 in that different physician's reasonable medical judgment, based on the
20 facts known to that different physician at that time, the abortion is
21 medically necessary to prevent the death of the pregnant woman or to
22 avoid a serious risk of the substantial and irreversible impairment of a
23 major bodily function of the pregnant woman;
- 24 3. The physician intentionally performs or induces or intentionally
25 attempts to perform or induce the abortion in a hospital or other health
26 care facility that has appropriate neonatal services for premature infants
27 unless the abortion is performed under subsection (2)(c) of this

1 section;

2 4. The physician who intentionally performs or induces or intentionally
3 attempts to perform or induce the abortion terminates or attempts to
4 terminate the pregnancy in the manner that provides the best opportunity
5 for the unborn child to survive, unless that physician determines, in the
6 physician's reasonable medical judgment, based on the facts known to
7 the physician at that time, that the termination of the pregnancy in that
8 manner poses a greater risk of death of the pregnant woman or a greater
9 risk of the substantial and irreversible impairment of a major bodily
10 function of the pregnant woman than would other available methods of
11 abortion, or the termination of the pregnancy is performed under
12 subsection (2)(c) of this section;

13 5. The physician certifies in writing the available method or techniques
14 considered and the reasons for choosing the method or technique
15 employed; and

16 6. The physician who intentionally performs or induces or intentionally
17 attempts to perform or induce the abortion has arranged for the
18 attendance in the same room in which the abortion is to be performed or
19 induced or attempted to be performed or induced at least one (1) other
20 physician who is to take control of, provide immediate medical care for,
21 and take all reasonable steps necessary to preserve the life and health of
22 the unborn child immediately upon the child's complete expulsion or
23 extraction from the pregnant woman.

24 (4) The state Board of Medical Licensure ~~may~~^{shall} revoke a physician's license to
25 practice medicine in this state if the physician violates or fails to comply with this
26 section.

27 (5) Any physician who intentionally performs or induces or intentionally attempts to

1 perform or induce an abortion on a pregnant woman with actual knowledge that
2 ~~none~~^{neither} of the affirmative defenses set forth in subsection (2) of this section
3 ~~apply~~^{applies}, or with a heedless indifference as to whether either affirmative
4 defense applies, is liable in a civil action for compensatory and punitive damages
5 and reasonable attorney's fees to any person, or the representative of the estate of
6 any person including but not limited to an unborn child, who sustains injury, death,
7 or loss to person or property as the result of the performance or inducement or the
8 attempted performance or inducement of the abortion. In any action under this
9 subsection, the court also may award any injunctive or other equitable relief that the
10 court considers appropriate.

- 11 (6) A pregnant woman on whom an abortion is intentionally performed or induced or
12 intentionally attempted to be performed or induced in violation of subsection (1) of
13 this section is not guilty of violating subsection (1) of this section or of attempting
14 to commit, conspiring to commit, or complicity in committing a violation of
15 subsection (1) of this section.

16 ➔Section 12. KRS 311.800 is amended to read as follows:

- 17 (1) No publicly owned hospital or other publicly owned health care facility shall
18 perform or permit the performance of abortions, except:

19 (a) To save the life of the pregnant woman *or to avoid a serious risk of the*
20 *substantial and irreversible impairment of a major bodily function of the*
21 *pregnant woman as defined in Section 10 of this Act;*

22 (b) To remove a dead fetus, ectopic pregnancy, missed miscarriage, or
23 *incomplete miscarriage;*

24 (c) Because of a lethal fetal anomaly; or

25 (d) If in the physician's good-faith medical judgment the pregnancy is the
26 *result of rape under KRS 510.040, 510.050, or 510.060, or incest under KRS*
27 *530.020(2)(b) or (c), and the gestational age of the fetus is twenty-two (22)*

1 weeks or less.

2 (2) In the event that a publicly owned hospital or publicly owned health facility is
3 performing or about to perform an abortion in violation of subsection (1) of this
4 section, and law enforcement authorities in the county have failed or refused to take
5 action to stop such a practice, any resident of the county in which the hospital or
6 health facility is located, may apply to the Circuit Court of that county for an
7 injunction or other court process to require compliance with subsection (1) of this
8 section.

9 (3) No private hospital or private health care facility shall be required to, or held liable
10 for refusal to, perform or permit the performance of abortion contrary to its stated
11 ethical policy.

12 (4) No physician, nurse staff member, or employee of a public or private hospital or
13 employee of a public or private health care facility, who shall state in writing to
14 such hospital or health care facility his or her objection to performing, participating
15 in, or cooperating in, abortion on moral, religious, or professional grounds, be
16 required to, or held liable for refusal to, perform, participate in, or cooperate in such
17 abortion.

18 (5) It shall be an unlawful discriminatory practice for the following:

19 (a) Any person to impose penalties or take disciplinary action against, or to deny
20 or limit public funds, licenses, certifications, degrees, or other approvals or
21 documents of qualification to, any hospital or other health care facility due to
22 the refusal of such hospital or health care facility to perform or permit to be
23 performed, participate in, or cooperate in, abortion by reason of objection
24 thereto on moral, religious or professional grounds, or because of any
25 statement or other manifestation of attitude by such hospital or health care
26 facility with respect to abortion;~~[-or,]~~

27 (b) Any person to impose penalties or take disciplinary action against, or to deny

1 or limit public funds, licenses, certifications, degrees, or other approvals or
2 documents of qualification to any physician, nurse or staff member or
3 employee of any hospital or health care facility, due to the willingness or
4 refusal of such physician, nurse, or staff member or employee to perform or
5 participate in abortion by reason of objection thereto on moral, religious, or
6 professional grounds, or because of any statement or other manifestation of
7 attitude by such physician, nurse or staff member or employee with respect to
8 abortion; or ~~or~~

9 (c) Any public or private agency, institution or person, including a medical,
10 nursing or other school, to deny admission to, impose any burdens in terms of
11 conditions of employment upon, or otherwise discriminate against any
12 applicant for admission thereto or any physician, nurse, staff member, student,
13 or employee thereof, based upon ~~on account of~~ the willingness or refusal of
14 such applicant, physician, nurse, staff member, student, or employee to
15 perform or participate in abortion or sterilization by reason of objection
16 thereto on moral, religious, or professional grounds, or because of any
17 statement or other manifestation of attitude by such person with respect to
18 abortion or sterilization if that health care facility is not operated exclusively
19 for the purposes of performing abortions or sterilizations.

20 ➔Section 13. KRS 213.101 is amended to read as follows:

21 (1) Each abortion as defined in KRS 213.011 which occurs in the Commonwealth,
22 regardless of the length of gestation, shall be reported to the Vital Statistics Branch
23 by the person in charge of the institution within three (3) days after the end of the
24 month in which the abortion occurred. If the abortion was performed outside an
25 institution, the attending physician shall prepare and file the report within three (3)
26 days after the end of the month in which the abortion occurred.

27 (2) The report shall include all the information the physician is required to certify in

1 writing or determine under KRS 311.731, 311.732, 311.7704, 311.7705, 311.7706,
2 311.7707, 311.7735, 311.7736, 311.774, 311.782, and 311.783, and at a minimum:

3 (a) The full name and address of the physician who performed the abortion or
4 provided the abortion-inducing drug as defined in KRS 311.7731;

5 (b) The address at which the abortion was performed or the address at which the
6 abortion-inducing drug was provided by a qualified physician, or the method
7 of obtaining the abortion-inducing drug if not provided by a qualified
8 physician, including mail order, internet order, or by a telehealth provider in
9 which case identifying information for the pharmacy, website~~[Web site]~~
10 address, or the telemedicine provider shall be included;

11 (c) The names, serial numbers, National Drug Codes, lot numbers, and expiration
12 dates of the specific abortion-inducing drugs that were provided to the
13 pregnant patient and the dates each were provided;

14 (d) The full name and address of the referring physician, agency, or service, if
15 any;

16 (e) The pregnant patient's city or town, county, state, country of residence, and
17 zip code;

18 (f) The pregnant patient's age, race, and ethnicity;

19 (g) The age or approximate age of the father, if known;

20 (h) The total number and dates of each previous pregnancy, live birth, and
21 abortion of the pregnant patient;

22 (i) The probable gestational and post-fertilization ages of the unborn child, the
23 methods used to confirm the gestational and post-fertilization ages, and the
24 date determined;

25 (j) A list of any pre-existing medical conditions of the pregnant patient that may
26 complicate her pregnancy, if any, including hemorrhage, infection, uterine
27 perforation, cervical laceration, retained products, or any other condition;

- 1 (k) Whether the fetus was delivered alive and the length of time the fetus
2 survived;
- 3 (l) Whether the fetus was viable and, if viable, the medical reason for
4 termination;
- 5 (m) Whether a pathological examination of the fetus was performed;
- 6 (n) Whether the pregnant patient returned for a follow-up examination, the date
7 and results of any such follow-up examination, and what reasonable efforts
8 were made by the qualified physician to encourage the patient to reschedule a
9 follow-up examination if the appointment was missed;
- 10 (o) Whether the woman suffered any complications or adverse events as defined
11 in KRS 311.7731 and what specific complications or adverse events occurred,
12 and any follow-up treatment provided as required by KRS 311.774;
- 13 (p) Whether the pregnant patient was Rh negative and, if so, was provided with
14 an Rh negative information fact sheet and treated with the prevailing medical
15 standard of care to prevent harmful fetal or child outcomes or Rh
16 incompatibility in future pregnancies;
- 17 (q) The amount billed to cover the treatment for specific complications or adverse
18 events, including whether the treatment was billed to Medicaid, private
19 insurance, private pay, or other method. This should include ICD-10 codes
20 reported and charges for any physician, hospital, emergency room,
21 prescription or other drugs, laboratory tests, and any other costs for treatment
22 rendered;
- 23 (r) The reason for the abortion, if known, including abuse, coercion, harassment, ~~f~~
24 ~~or~~ trafficking, rape, or incest; and
- 25 (s) Whether the pregnant patient was tested for sexually transmitted diseases
26 when providing the informed consent required in KRS 311.725 and 311.7735
27 twenty-four (24) hours before the abortion procedure or tested at the time of

1 the abortion procedure, and if the pregnant patient tested positive, was treated
2 or referred for treatment and follow-up care.

3 (3) The report shall not contain:

4 (a) The name of the pregnant patient;

5 (b) Common identifiers such as a Social Security number and motor vehicle
6 operator's license number; and

7 (c) Any other information or identifiers that would make it possible to ascertain
8 the patient's identity.

9 (4) If a person other than the physician described in this subsection makes or maintains
10 a record required by KRS 311.732, 311.7704, 311.7705, 311.7706, or 311.7707 on
11 the physician's behalf or at the physician's direction, that person shall comply with
12 the reporting requirement described in this subsection as if the person were the
13 physician.

14 (5) Each prescription issued for an abortion-inducing drug as defined in KRS 311.7731
15 for which the primary indication is the induction of abortion as defined in KRS
16 213.011 shall be reported to the Vital Statistics Branch within three (3) days after
17 the end of the month in which the prescription was issued as required by KRS
18 311.774, but the report shall not include information which will identify the woman
19 involved or anyone who may be picking up the prescription on behalf of the
20 woman.

21 (6) The name of the person completing the report and the reporting institution shall not
22 be subject to disclosure under KRS 61.870 to 61.884.

23 (7) By September 30 of each year, the Vital Statistics Branch shall issue a public report
24 that provides statistics on all data collected, including the type of abortion
25 procedure used, for the previous calendar year compiled from all of the reports
26 covering that calendar year submitted to the cabinet in accordance with this section
27 for each of the items listed in this section. Each annual report shall also provide

1 statistics for all previous calendar years in which this section was in effect, adjusted
2 to reflect any additional information from late or corrected reports. The Vital
3 Statistics Branch shall ensure that none of the information included in the report
4 could reasonably lead to the identification of any pregnant woman upon whom an
5 abortion was performed or attempted. Each annual report shall be made available
6 on the cabinet's website~~[Web site]~~.

7 (8) (a) Any person or institution who fails to submit a report by the end of thirty (30)
8 days following the due date set in this section shall be subject to a late fee of
9 five hundred dollars (\$500) for each additional thirty (30) day period or
10 portion of a thirty (30) day period the report is overdue.

11 (b) Any person or institution who fails to submit a report, or who has submitted
12 only an incomplete report, more than one (1) year following the due date set
13 in this section, may in a civil action brought by the Vital Statistics Branch be
14 directed by a court of competent jurisdiction to submit a complete report
15 within a time period stated by court order or be subject to contempt of court.

16 (c) Failure by any physician to comply with the requirements of this section,
17 other than filing a late report, or to submit a complete report in accordance
18 with a court order shall subject the physician to KRS 311.595.

19 (9) Intentional falsification of any report required under this section is a Class A
20 misdemeanor.

21 (10) The Vital Statistics Branch shall promulgate administrative regulations in
22 accordance with KRS Chapter 13A to assist in compliance with this section.

23 (11) (a) The Office of the Inspector General, Cabinet for Health and Family Services,
24 shall annually audit the required reporting of abortion-related information to
25 the Vital Statistics Branch in this section and KRS 213.172, and in so doing,
26 shall function as a health oversight agency of the Commonwealth for this
27 specific purpose.

1 (b) The Office of the Inspector General shall ensure that none of the information
2 included in the audit report could reasonably lead to the identification of any
3 pregnant woman upon whom an abortion was performed or attempted.

4 (c) If any personally identifiable information is viewed or recorded by the Office
5 of the Inspector General in conducting an audit authorized by this subsection,
6 the information held by the Inspector General shall not be subject to the
7 Kentucky Open Records Act, shall be confidential, and shall only be released
8 upon court order.

9 (d) The Inspector General shall submit a written report to the General Assembly
10 and the Attorney General by October 1 of each year. The reports shall include
11 findings from:

- 12 1. The audit required in this subsection, including any identified reporting
13 deficiencies; and
- 14 2. All abortion facility inspections, including any violations of KRS
15 216B.0431 and 216B.0435.

16 ➔Section 14. KRS 311.990 is amended to read as follows:

17 (1) Any person who violates KRS 311.250 shall be guilty of a violation.

18 (2) Any college or professor thereof violating the provisions of KRS 311.300 to
19 311.350 shall be civilly liable on his or her bond for a sum not less than one
20 hundred dollars (\$100) nor more than one thousand dollars (\$1,000) for each
21 violation, which may be recovered by an action in the name of the Commonwealth.

22 (3) Any person who presents to the county clerk for the purpose of registration any
23 license which has been fraudulently obtained, or obtains any license under KRS
24 311.380 to 311.510 by false or fraudulent statement or representation, or practices
25 podiatry under a false or assumed name or falsely impersonates another practitioner
26 or former practitioner of a like or different name, or aids and abets any person in the
27 practice of podiatry within the state without conforming to the requirements of KRS

1 311.380 to 311.510, or otherwise violates or neglects to comply with any of the
2 provisions of KRS 311.380 to 311.510, shall be guilty of a Class A misdemeanor.
3 Each case of practicing podiatry in violation of the provisions of KRS 311.380 to
4 311.510 shall be considered a separate offense.

5 (4) Each violation of KRS 311.560 shall constitute a Class D felony.

6 (5) Each violation of KRS 311.590 shall constitute a Class D felony. Conviction under
7 this subsection of a holder of a license or permit shall result automatically in
8 permanent revocation of such license or permit.

9 (6) Conviction of willfully resisting, preventing, impeding, obstructing, threatening, or
10 interfering with the board or any of its members, or of any officer, agent, inspector,
11 or investigator of the board or the Cabinet for Health and Family Services, in the
12 administration of any of the provisions of KRS 311.550 to 311.620 shall be a Class
13 A misdemeanor.

14 (7) Each violation of KRS 311.375(1) shall, for the first offense, be a Class B
15 misdemeanor, and, for each subsequent offense shall be a Class A misdemeanor.

16 (8) Each violation of KRS 311.375(2) shall, for the first offense, be a violation, and, for
17 each subsequent offense, be a Class B misdemeanor.

18 (9) Each day of violation of either subsection of KRS 311.375 shall constitute a
19 separate offense.

20 (10) (a) Any person who intentionally or knowingly performs an abortion contrary to
21 the requirements of KRS 311.723(1) shall be guilty of a Class D felony.

22 (b) Any person who intentionally, knowingly, or recklessly violates the
23 requirements of KRS 311.723(2) shall be guilty of a Class A misdemeanor.

24 (11) (a) 1. Any physician who performs a partial-birth abortion in violation of KRS
25 311.765 shall be guilty of a Class D felony. However, a physician shall
26 not be guilty of the criminal offense if the partial-birth abortion was
27 necessary to save the life of the mother whose life was endangered by a

1 physical disorder, illness, or injury.

2 2. A physician may seek a hearing before the State Board of Medical
3 Licensure on whether the physician's conduct was necessary to save the
4 life of the mother whose life was endangered by a physical disorder,
5 illness, or injury. The board's findings, decided by majority vote of a
6 quorum, shall be admissible at the trial of the physician. The board shall
7 promulgate administrative regulations to carry out the provisions of this
8 subparagraph.

9 3. Upon a motion of the physician, the court shall delay the beginning of
10 the trial for not more than thirty (30) days to permit the hearing, referred
11 to in subparagraph 2. of this paragraph, to occur.

12 (b) Any person other than a physician who performs a partial-birth abortion shall
13 not be prosecuted under this subsection but shall be prosecuted under
14 provisions of law which prohibit any person other than a physician from
15 performing any abortion.

16 (c) No penalty shall be assessed against the woman upon whom the partial-birth
17 abortion is performed or attempted to be performed.

18 (12) (a) Except as provided in KRS 311.732(12), any person who intentionally,
19 knowingly, or recklessly performs an abortion upon a minor without obtaining
20 the required consent pursuant to KRS 311.732 shall be guilty of a Class D
21 felony.

22 (b) Except as provided in paragraph (a) of this subsection, any person who
23 intentionally or knowingly fails to conform to any requirement of KRS
24 311.732 is guilty of a Class A misdemeanor.

25 (c) Any person who negligently releases information or documents which are
26 confidential under KRS 311.732 is guilty of a Class B misdemeanor.

27 (13) ~~Any person who performs an abortion upon a married woman either with~~

1 ~~knowledge or in reckless disregard of whether KRS 311.735 applies to her and who~~
2 ~~intentionally, knowingly, or recklessly fails to conform to the requirements of KRS~~
3 ~~311.735 shall be guilty of a Class D felony.~~

4 ~~(14)~~ Any person convicted of violating KRS 311.750 shall be guilty of a Class B
5 felony.

6 ~~(14)~~~~(15)~~ Any person who violates KRS 311.760(2) shall be guilty of a Class D felony.

7 ~~(15)~~~~(16)~~ Any person who violates KRS 311.770 shall be guilty of a Class D felony.

8 ~~(16)~~~~(17)~~ Except as provided in KRS 311.787(3), any person who intentionally violates
9 KRS 311.787 shall be guilty of a Class D felony.

10 ~~(17)~~~~(18)~~ A person convicted of violating KRS 311.780 shall be guilty of a Class C
11 felony.

12 ~~(18)~~~~(19)~~ Except as provided in KRS 311.782(6), any person who intentionally violates
13 KRS 311.782 shall be guilty of a Class D felony.

14 ~~(19)~~~~(20)~~ Any person who violates KRS 311.783(1) shall be guilty of a Class B
15 misdemeanor.

16 ~~(20)~~~~(21)~~ Any person who violates KRS 311.7705(1) is guilty of a Class D felony.

17 ~~(21)~~~~(22)~~ Any person who violates KRS 311.7706(1) is guilty of a Class D felony.

18 ~~(22)~~~~(23)~~ Except as provided in KRS 311.731(7), any person who violates KRS
19 311.731(2) shall be guilty of a Class D felony.

20 ~~(23)~~~~(24)~~ Any physician, physician assistant, advanced practice registered nurse, nurse,
21 or other healthcare provider who intentionally violates KRS 311.823(2) shall be
22 guilty of a Class D felony. As used in this subsection, "healthcare provider" has the
23 same meaning as in KRS 311.821.

24 ~~(24)~~~~(25)~~ Any person who violates KRS 311.810 shall be guilty of a Class A
25 misdemeanor.

26 ~~(25)~~~~(26)~~ Any professional medical association or society, licensed physician, or
27 hospital or hospital medical staff who shall have violated the provisions of KRS

1 311.606 shall be guilty of a Class B misdemeanor.

2 ~~(26)~~~~(27)~~ Any administrator, officer, or employee of a publicly owned hospital or
3 publicly owned health care facility who performs or permits the performance of
4 abortions in violation of KRS 311.800(1) shall be guilty of a Class A misdemeanor.

5 ~~(27)~~~~(28)~~ Any person who violates KRS 311.905(3) shall be guilty of a violation.

6 ~~(28)~~~~(29)~~ Any person who violates the provisions of KRS 311.820 shall be guilty of a
7 Class A misdemeanor.

8 ~~(29)~~~~(30)~~ Any person who fails to test organs, skin, or other human tissue which is to be
9 transplanted, or violates the confidentiality provisions required by KRS 311.281,
10 shall be guilty of a Class A misdemeanor.

11 ~~(30)~~~~(31)~~ Any person who sells or makes a charge for any transplantable organ shall be
12 guilty of a Class D felony.

13 ~~(31)~~~~(32)~~ Any person who offers remuneration for any transplantable organ for use in
14 transplantation into himself or herself shall be fined not less than five thousand
15 dollars (\$5,000) nor more than fifty thousand dollars (\$50,000).

16 ~~(32)~~~~(33)~~ Any person brokering the sale or transfer of any transplantable organ shall be
17 guilty of a Class C felony.

18 ~~(33)~~~~(34)~~ Any person charging a fee associated with the transplantation of a
19 transplantable organ in excess of the direct and indirect costs of procuring,
20 distributing, or transplanting the transplantable organ shall be fined not less than
21 fifty thousand dollars (\$50,000) nor more than five hundred thousand dollars
22 (\$500,000).

23 ~~(34)~~~~(35)~~ Any hospital performing transplantable organ transplants which knowingly
24 fails to report the possible sale, purchase, or brokering of a transplantable organ
25 shall be fined not less than ten thousand dollars (\$10,000) or more than fifty
26 thousand dollars (\$50,000).

27 ~~(35)~~~~(36)~~ (a) Any physician or qualified technician who violates KRS 311.727 shall

1 be fined not more than one hundred thousand dollars (\$100,000) for a first
2 offense and not more than two hundred fifty thousand dollars (\$250,000) for
3 each subsequent offense.

4 (b) In addition to the fine, the court shall report the violation of any physician, in
5 writing, to the Kentucky Board of Medical Licensure for such action and
6 discipline as the board deems appropriate.

7 ~~(36)~~~~(37)~~ Any person who violates KRS 311.691 shall be guilty of a Class B
8 misdemeanor for the first offense, and a Class A misdemeanor for a second or
9 subsequent offense. In addition to any other penalty imposed for that violation, the
10 board may, through the Attorney General, petition a Circuit Court to enjoin the
11 person who is violating KRS 311.691 from practicing genetic counseling in
12 violation of the requirements of KRS 311.690 to 311.700.

13 ~~(37)~~~~(38)~~ Any person convicted of violating KRS 311.728 shall be guilty of a Class D
14 felony.

15 ~~(38)~~~~(39)~~ (a) A person who intentionally, knowingly, or recklessly violates KRS
16 311.7731 to 311.7739 is guilty of a Class D felony.

17 (b) No criminal penalty may be assessed against a pregnant patient upon whom a
18 drug-induced abortion is attempted, induced, or performed.

19 ➔Section 15. The following KRS section is repealed:

20 311.735 Notice to spouse -- Exceptions -- Civil remedies.

21 ➔Section 16. This Act may be cited as the Compassionate Care Act.