As Reported by the House Civil Justice Committee

133rd General Assembly

Regular Session 2019-2020

Am. S. B. No. 27

Senator Uecker

Cosponsors: Senators Terhar, Brenner, Roegner, Huffman, M., McColley, Wilson, Hottinger, Huffman, S., Burke, Coley, Eklund, Gavarone, Hill, Hoagland, Lehner, Obhof Representatives Hambley, Merrin

A BILL

То	amend sections 2317.56, 3701.341, and 3701.79	1
	and to enact sections 3726.01, 3726.02, 3726.03,	2
	3726.04, 3726.041, 3726.042, 3726.05, 3726.09,	3
	3726.10, 3726.11, 3726.12, 3726.13, 3726.14,	4
	3726.15, 3726.16, 3726.95, 3726.99, and 4717.271	5
	of the Revised Code to impose requirements on	6
	the final disposition of fetal remains from	7
	surgical abortions.	8

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 2317.56, 3701.341, and 3701.79 be	9
amended and sections 3726.01, 3726.02, 3726.03, 3726.04,	10
3726.041, 3726.042, 3726.05, 3726.09, 3726.10, 3726.11, 3726.12,	11
3726.13, 3726.14, 3726.15, 3726.16, 3726.95, 3726.99, and	12
4717.271 of the Revised Code be enacted to read as follows:	13
Sec. 2317.56. (A) As used in this section:	14
(1) "Medical emergency" has the same meaning as in section	15
2919.16 of the Revised Code.	16
(2) "Medical necessity" means a medical condition of a	17

Am. S. B. No. 27

(4), and (5) of this section.

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abortion is to be performed or induced, and the physician	47
involved in the meeting need not be affiliated with that	48
facility or with the physician who is scheduled to perform or	49
induce the abortion.	50
(2) At least twenty-four hours prior to the performance or	51
inducement of the abortion, the physician who is to perform or	52
induce the abortion or the physician's agent does each of the	53
following in person, by telephone, by certified mail, return	54
receipt requested, or by regular mail evidenced by a certificate	55
of mailing:	56
(a) Inform the pregnant woman of the name of the physician	57
who is scheduled to perform or induce the abortion;	58
(b) Give the pregnant woman copies of the published	59
materials described in division (C) of this section;	60
(c) Inform the pregnant woman that the materials given	61
pursuant to division (B)(2)(b) of this section are published by	62
the state and that they describe the <u>zygote</u> , <u>blastocyte</u> , <u>embryo</u> ,	63
or fetus and list agencies that offer alternatives to abortion.	64
The pregnant woman may choose to examine or not to examine the	65
materials. A physician or an agent of a physician may choose to	66
be disassociated from the materials and may choose to comment or	67
not comment on the materials.	68
(3) If it has been determined that the unborn human	69
individual the pregnant woman is carrying has a detectable fetal	70
heartbeat, the physician who is to perform or induce the	71
abortion shall comply with the informed consent requirements in	72
section 2919.194 of the Revised Code in addition to complying	73
with the informed consent requirements in divisions (B)(1), (2),	74

Am. S. B. No. 27

abortion, the physician who is scheduled to perform or induce 105 the abortion or the physician's agent receives a copy of the 106 pregnant woman's signed form on which she consents to the 107 abortion and that includes the certification required by 108 division (B)(4) of this section.

- (C) The department of health shall publish in English and 110 in Spanish, in a typeface large enough to be clearly legible, 111 and in an easily comprehensible format, the following materials 112 on the department's web site: 113
- (1) Materials that inform the pregnant woman about family 114 planning information, of publicly funded agencies that are 115 available to assist in family planning, and of public and 116 private agencies and services that are available to assist her 117 through the pregnancy, upon childbirth, and while the child is 118 dependent, including, but not limited to, adoption agencies. The 119 materials shall be geographically indexed; include a 120 comprehensive list of the available agencies, a description of 121 the services offered by the agencies, and the telephone numbers 122 and addresses of the agencies; and inform the pregnant woman 123 about available medical assistance benefits for prenatal care, 124 childbirth, and neonatal care and about the support obligations 125 of the father of a child who is born alive. The department shall 126 ensure that the materials described in division (C)(1) of this 127 section are comprehensive and do not directly or indirectly 128 promote, exclude, or discourage the use of any agency or service 129 described in this division. 130
- (2) Materials that inform the pregnant woman of the 131 probable anatomical and physiological characteristics of the 232 zygote, blastocyte, embryo, or fetus at two-week gestational 233 increments for the first sixteen weeks of pregnancy and at four-134

week gestational increments from the seventeenth week of	135
pregnancy to full term, including any relevant information	136
regarding the time at which the fetus possibly would be viable.	137
The department shall cause these materials to be published after	138
it consults with independent health care experts relative to the	139
probable anatomical and physiological characteristics of a	140
zygote, blastocyte, embryo, or fetus at the various gestational	141
increments. The materials shall use language that is	142
understandable by the average person who is not medically	143
trained, shall be objective and nonjudgmental, and shall include	144
only accurate scientific information about the zygote,	145
blastocyte, embryo, or fetus at the various gestational	146
increments. If the materials use a pictorial, photographic, or	147
other depiction to provide information regarding the zygote,	148
blastocyte, embryo, or fetus, the materials shall include, in a	149
conspicuous manner, a scale or other explanation that is	150
understandable by the average person and that can be used to	151
determine the actual size of the zygote, blastocyte, embryo, or	152
fetus at a particular gestational increment as contrasted with	153
the depicted size of the zygote, blastocyte, embryo, or fetus at	154
that gestational increment.	155

- (D) Upon the submission of a request to the department of
 health by any person, hospital, physician, or medical facility

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 for one copy of the materials published in accordance with
 division (C) of this section, the department shall make the
 requested copy of the materials available to the person,
 hospital, physician, or medical facility that requested the
 copy.

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- (E) If a medical emergency or medical necessity compels

 the performance or inducement of an abortion, the physician who

 will perform or induce the abortion, prior to its performance or

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inducement if possible, shall inform the pregnant woman of the	166
medical indications supporting the physician's judgment that an	167
immediate abortion is necessary. Any physician who performs or	168
induces an abortion without the prior satisfaction of the	169
conditions specified in division (B) of this section because of	170
a medical emergency or medical necessity shall enter the reasons	171
for the conclusion that a medical emergency or medical necessity	172
exists in the medical record of the pregnant woman.	173
(F) If the conditions specified in division (B) of this	174

- (F) If the conditions specified in division (B) of this section are satisfied, consent to an abortion shall be presumed to be valid and effective.
- (G) The performance or inducement of an abortion without the prior satisfaction of the conditions specified in division (B) of this section does not constitute, and shall not be construed as constituting, a violation of division (A) of section 2919.12 of the Revised Code. The failure of a physician to satisfy the conditions of division (B) of this section prior to performing or inducing an abortion upon a pregnant woman may be the basis of both of the following:
- (1) A civil action for compensatory and exemplary damages as described in division (H) of this section;
- (2) Disciplinary action under section 4731.22 of the Revised Code.
- (H) (1) Subject to divisions (H) (2) and (3) of this section, any physician who performs or induces an abortion with actual knowledge that the conditions specified in division (B) of this section have not been satisfied or with a heedless indifference as to whether those conditions have been satisfied is liable in compensatory and exemplary damages in a civil

action to any person, or the representative of the estate of any	195
person, who sustains injury, death, or loss to person or	196
property as a result of the failure to satisfy those conditions.	197
In the civil action, the court additionally may enter any	198
injunctive or other equitable relief that it considers	199
appropriate.	200
(2) The following shall be affirmative defenses in a civil	201
action authorized by division (H)(1) of this section:	202
4001011 44011011204 2, 411201011 (11, (12, 01 01120 00001011)	202
(a) The physician performed or induced the abortion under	203
the circumstances described in division (E) of this section.	204
(b) The physician made a good faith effort to satisfy the	205
conditions specified in division (B) of this section.	206
(2) 70	207
(3) An employer or other principal is not liable in	207
damages in a civil action authorized by division (H)(1) of this	208
section on the basis of the doctrine of respondeat superior	209
unless either of the following applies:	210
(a) The employer or other principal had actual knowledge	211
or, by the exercise of reasonable diligence, should have known	212
that an employee or agent performed or induced an abortion with	213
actual knowledge that the conditions specified in division (B)	214
of this section had not been satisfied or with a heedless	215
indifference as to whether those conditions had been satisfied.	216
(b) The employer or other principal negligently failed to	217
secure the compliance of an employee or agent with division (B)	218
of this section.	219
(4) Notwithstanding division (E) of section 2919.12 of the	220
Revised Code, the civil action authorized by division (H)(1) of	221
this section shall be the exclusive civil remedy for persons, or	222
the representatives of estates of persons, who allegedly sustain	223

(3) "Ambulatory surgical facility" has the same meaning as	251
in section 3702.30 of the Revised Code.	252
(4) "Department" means the department of health.	253
(5) "Hospital" means any building, structure, institution,	254
or place devoted primarily to the maintenance and operation of	255
facilities for the diagnosis, treatment, and medical or surgical	256
care for three or more unrelated individuals suffering from	257
illness, disease, injury, or deformity, and regularly making	258
available at least clinical laboratory services, diagnostic x-	259
ray services, treatment facilities for surgery or obstetrical	260
care, or other definitive medical treatment. "Hospital" does not	261
include a "home" as defined in section 3721.01 of the Revised	262
Code.	263
(6) "Physician's office" means an office or portion of an	264
office that is used to provide medical or surgical services to	265
the physician's patients. "Physician's office" does not mean an	266
ambulatory surgical facility, a hospital, or a hospital	267
emergency department.	268
(7) "Postabortion care" means care given after the uterus	269
has been evacuated by abortion.	270
(B) The department shall be responsible for collecting and	271
collating abortion data reported to the department as required	272
by this section.	273
(C) The attending physician shall complete an individual	274
abortion report for <pre>each the abortion of each zygote,</pre>	275
<u>blastocyte</u> , <u>embryo</u> , <u>or fetus</u> the physician performs upon a	276
woman. The report shall be confidential and shall not contain	277
the woman's name. The report shall include, but is not limited	278
to, all of the following, insofar as the patient makes the data	279

Am. S. B. No. 27 As Reported by the House Civil Justice Committee	
available that is not within the physician's knowledge:	280
(1) Patient number;	281
(2) The name and address of the facility in which the abortion was performed, and whether the facility is a hospital, ambulatory surgical facility, physician's office, or other facility;	282 283 284 285
(3) The date of the abortion;	286
(4) If a surgical abortion, the method of final disposition of the fetal remains under Chapter 3726. of the Revised Code;	287 288 289
(5) All of the following regarding the woman on whom the abortion was performed:	290 291
(a) Zip code of residence;	292
(b) Age;	293
(c) Race;	294
(d) Marital status;	295
(e) Number of previous pregnancies;	296
(f) Years of education;	297
(g) Number of living children;	298
(h) Number of zygotes, blastocytes, embryos, or fetuses	299
previously-induced abortions aborted;	300
(i) Date of last induced abortion;	301
(j) Date of last live birth;	302
(k) Method of contraception at the time of conception;	303

(1) Date of the first day of the last menstrual period;	304
(m) Medical condition at the time of the abortion;	305
(n) Rh-type;	306
(o) The number of weeks of gestation at the time of the	307
abortion.	308
$\frac{(5)}{(6)}$ The type of abortion procedure performed;	309
(6)—(7) Complications by type;	310
$\frac{(7)}{(8)}$ Written acknowledgment by the attending physician	311
that the pregnant woman is not seeking the abortion, in whole or	312
in part, because of any of the following:	313
(a) A test result indicating Down syndrome in an unborn	314
child;	315
(b) A prenatal diagnosis of Down syndrome in an unborn	316
child;	317
(c) Any other reason to believe that an unborn child has	318
Down syndrome.	319
$\frac{(8)}{(9)}$ Type of procedure performed after the abortion;	320
(9) (10) Type of family planning recommended;	321
(10) (11) Type of additional counseling given;	322
(11) (12) Signature of attending physician.	323
(D) The physician who completed the abortion report under	324
division (C) of this section shall submit the abortion report to	325
the department within fifteen days after the woman is	326
discharged.	327
(E) The appropriate vital records report or certificate	328

shall be made out after the twentieth week of gestation.	329
(F) A copy of the abortion report shall be made part of	330
the medical record of the patient of the facility in which the	331
abortion was performed.	332
(G) Each hospital shall file monthly and annual reports	333
listing the total number of women who have undergone a post-	334
twelve-week-gestation abortion and received postabortion care.	335
The annual report shall be filed following the conclusion of the	336
state's fiscal year. Each report shall be filed within thirty	337
days after the end of the applicable reporting period.	338
(H) Each case in which a physician treats a post abortion	339
complication shall be reported on a postabortion complication	340
form. The report shall be made upon a form prescribed by the	341
department, shall be signed by the attending physician, and	342
shall be confidential.	343
(I)(1) Not later than the first day of October of each	344
year, the department shall issue an annual report of the	345
abortion data reported to the department for the previous	346
calendar year as required by this section. The annual report	347
shall include at least the following information:	348
(a) The total number of <u>induced abortions</u> zygotes,	349
blastocytes, embryos, or fetuses that were aborted;	350
(b) The number of abortions performed on Ohio and out-of-	351
state residents;	352
(c) The number of abortions performed, sorted by each of	353
the following:	354
(i) The age of the woman on whom the abortion was	355
performed, using the following categories: under fifteen years	356

of age, fifteen to nineteen years of age, twenty to twenty-four	357
years of age, twenty-five to twenty-nine years of age, thirty to	358
thirty-four years of age, thirty-five to thirty-nine years of	359
age, forty to forty-four years of age, forty-five years of age	360
or older;	361
(ii) The race and Hispanic ethnicity of the woman on whom	362
the abortion was performed;	363
(iii) The education level of the woman on whom the	364
abortion was performed, using the following categories or their	365
equivalents: less than ninth grade, ninth through twelfth grade,	366
one or more years of college;	367
(iv) The marital status of the woman on whom the abortion	368
was performed;	369
(v) The number of living children of the woman on whom the	370
abortion was performed, using the following categories: none,	371
one, or two or more;	372
(vi) The number of weeks of gestation of the woman at the	373
time the abortion was performed, using the following categories:	374
less than nine weeks, nine to twelve weeks, thirteen to nineteen	375
weeks, or twenty weeks or more;	376
(vii) The county in which the abortion was performed;	377
(viii) The type of abortion procedure performed;	378
(ix) The number of abortions zygotes, blastocytes,	379
embryos, or fetuses previously performed on aborted by the woman	380
on whom the abortion was performed;	381
(x) The type of facility in which the abortion was	382
performed;	383

(xi) For Ohio residents, the county of residence of the	384
woman on whom the abortion was performed.	385
(2) The report also shall indicate the number and type of	386
the abortion complications reported to the department either on	387
the abortion report required under division (C) of this section	388
or the postabortion complication report required under division	389
(H) of this section.	390
(3) In addition to the annual report required under	391
division (I)(1) of this section, the department shall make	392
available, on request, the number of abortions performed by zip	393
code of residence.	394
(J) The director of health shall implement this section	395
and shall apply to the court of common pleas for temporary or	396
permanent injunctions restraining a violation or threatened	397
violation of its requirements. This action is an additional	398
remedy not dependent on the adequacy of the remedy at law.	399
Sec. 3726.01. As used in this chapter:	400
(A) "Abortion facility" means any of the following in	401
which abortions are induced or performed:	402
(1) Ambulatory surgical facility as defined in section	403
3702.30 of the Revised Code;	404
(2) Any other facility in which abortion is legally	405
provided.	406
(B) "Cremation" has the same meaning as in section 4717.01	407
of the Revised Code.	408
(C) "Fetal remains" means the product of human conception	409
that has been aborted. If a woman is carrying more than one	410
zygote, blastocyte, embryo, or fetus, such as in the incidence	411

of twins or triplets, each zygote, blastocyte, embryo, or fetus	412
or any of its parts that is aborted is a separate product of	413
human conception that has been aborted.	414
(D) "Interment" means the burial or entombment of fetal	415
remains.	416
Sec. 3726.02. (A) Final disposition of fetal remains from	417
a surgical abortion at an abortion facility shall be by	418
cremation or interment.	419
(B) The cremation of fetal remains under division (A) of	420
this section shall be in a crematory facility, in compliance	421
with Chapter 4717. of the Revised Code.	422
(C) As used in this section, "crematory facility" has the	423
same meaning as in section 4717.01 of the Revised Code.	424
Sec. 3726.03. (A) A pregnant woman who has a surgical	425
abortion has the right to determine both of the following	426
regarding the fetal remains:	427
(1) Whether the final disposition shall be by cremation or	428
<pre>interment;</pre>	429
(2) The location for the final disposition.	430
(B) A pregnant woman who has a surgical abortion shall be	431
provided with a notification form described in division (A) of	432
section 3726.14 of the Revised Code.	433
Sec. 3726.04. (A) (1) If a pregnant woman desires to	434
exercise the rights under division (A) of section 3726.03 of the	435
Revised Code, she shall make the determination in writing using	436
a form prescribed by the director of health under division (C)	437
of section 3726.14 of the Revised Code. The determination must	438
clearly indicate both of the following:	439

(a) Whether the final disposition will be by cremation or	440
<pre>interment;</pre>	441
(b) Whether the final disposition will be at a location	442
other than one provided by the abortion facility.	443
(2) If a pregnant woman does not desire to exercise the	444
rights under division (A) of section 3726.03 of the Revised	445
Code, the abortion facility shall determine whether final	446
disposition shall be by cremation or interment.	447
(B)(1) A pregnant woman who is under eighteen years of	448
age, unmarried, and unemancipated shall obtain parental consent	449
from one of the person's parents, quardian, or custodian to the	450
final disposition determination she makes under division (A)(1)	451
of this section. The consent shall be made in writing using a	452
form prescribed by the director under division (B) of section	453
3726.14 of the Revised Code.	454
(2) The consent under division (B)(1) of this section is	455
not required for a pregnant woman exercising her rights under	456
division (A) of section 3726.03 of the Revised Code if an order	457
authorizing the minor to consent, or the court to consent on	458
behalf of the minor, to the abortion was issued under section	459
2151.85 or division (C) of section 2919.121 of the Revised Code.	460
Sec. 3726.041. (A) A pregnant woman who is carrying more	461
than one zygote, blastocyte, embryo, or fetus, who desires to	462
exercise the rights under division (A) of section 3726.03 of the	463
Revised Code, shall complete one form under division (A)(1) of	464
section 3726.04 of the Revised Code for each zygote, blastocyte,	465
embryo, or fetus that will be aborted.	466
(B) A pregnant woman who obtains parental consent under	467
division (B)(1) of section 3726.04 of the Revised Code shall use	468

Sec. 3726.12. An abortion facility shall have written

Page 18

497

Am. S. B. No. 27

As Reported by the House Civil Justice Committee

(b) Indicates whether the pregnant woman has indicated a

Page 19

525

Am. S. B. No. 27

Am. S. B. No. 27

As Reported by the House Civil Justice Committee

remains in accordance with section 3726.15 of the Revised Code.	554
Sec. 3726.95. A pregnant woman who has a surgical_	555
abortion, the fetal remains from which are not disposed of in	556
compliance with this chapter, is not guilty of committing,	557
attempting to commit, complicity in the commission of, or	558
conspiracy in the commission of a violation of section 3726.99	559
of the Revised Code.	560
Sec. 3726.99. (A) No person shall fail to comply with	561
section 3726.02, 3726.05, 3726.10, or 3726.11 of the Revised	562
Code.	563
(B) Whoever knowingly violates division (A) of this	564
section is guilty of failure to dispose of fetal remains	565
humanely, a misdemeanor of the first degree.	566
Sec. 4717.271. The following applies to a crematory	567
operator that cremates fetal remains for an abortion facility	568
under Chapter 3726. of the Revised Code.	569
(A) A crematory operator shall not do any of the	570
<pre>following:</pre>	571
(1) Cremate fetal remains without receiving a copy of a	572
properly executed detachable supplemental form described in	573
division (C)(1) of section 3726.14 of the Revised Code;	574
(2) Dispose of the cremated fetal remains by a means other	575
than one of the following:	576
(a) Placing them in a grave, crypt, or niche;	577
(b) Scattering them in any dignified manner, including in	578
a memorial garden, at sea, by air, or at a scattering ground	579
described in section 1721 21 of the Revised Code:	580

(c) Any other lawful manner.	581
(3) Arrange for the disposal of the cremated fetal remains	582
by a means other than one described in division (A)(2) of this	583
<pre>section;</pre>	584
(4) Arrange for the transfer of the cremated fetal remains	585
for disposal by a means other than one described in division (A)	586
(2) of this section.	587
(B) A crematory operator is not required to secure a death	588
certificate, a burial or burial-transit permit, or a cremation	589
authorization form to cremate fetal remains.	590
Section 2. That existing sections 2317.56, 3701.341, and	591
3701.79 of the Revised Code are hereby repealed.	592
Section 3. Neither of the following shall apply until	593
rules are adopted under section 3726.14 of the Revised Code:	594
(A) The prohibition under section 3726.99 of the Revised	595
Code;	596
(B) The prohibitions under division (A) of section	597
4717.271 of the Revised Code.	598