

**As Passed by the Senate**

**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**

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**A BILL**

To 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 pregnant woman that, in the reasonable judgment of the physician who is attending the woman, so complicates the pregnancy that it necessitates the immediate performance or inducement of an abortion.

(3) "Probable gestational age of the zygote, blastocyte, embryo, or fetus" means the gestational age that, in the judgment of a physician, is, with reasonable probability, the gestational age of the zygote, blastocyte, embryo, or fetus at the time that the physician informs a pregnant woman pursuant to division (B) (1) (b) of this section.

(B) Except when there is a medical emergency or medical necessity, an abortion shall be performed or induced only if all of the following conditions are satisfied:

(1) At least twenty-four hours prior to the performance or inducement of the abortion, a physician meets with the pregnant woman in person in an individual, private setting and gives her an adequate opportunity to ask questions about the abortion that will be performed or induced. At this meeting, the physician shall inform the pregnant woman, verbally or, if she is hearing impaired, by other means of communication, of all of the following:

(a) The nature and purpose of the particular abortion procedure to be used and the medical risks associated with that procedure;

(b) The probable gestational age of the zygote, blastocyte, embryo, or fetus;

(c) The medical risks associated with the pregnant woman carrying the pregnancy to term.

The meeting need not occur at the facility where the  
abortion is to be performed or induced, and the physician  
involved in the meeting need not be affiliated with that  
facility or with the physician who is scheduled to perform or  
induce the abortion.

(2) At least twenty-four hours prior to the performance or  
inducement of the abortion, the physician who is to perform or  
induce the abortion or the physician's agent does each of the  
following in person, by telephone, by certified mail, return  
receipt requested, or by regular mail evidenced by a certificate  
of mailing:

(a) Inform the pregnant woman of the name of the physician  
who is scheduled to perform or induce the abortion;

(b) Give the pregnant woman copies of the published  
materials described in division (C) of this section;

(c) Inform the pregnant woman that the materials given  
pursuant to division (B) (2) (b) of this section are published by  
the state and that they describe the zygote, blastocyte, embryo,  
or fetus and list agencies that offer alternatives to abortion.  
The pregnant woman may choose to examine or not to examine the  
materials. A physician or an agent of a physician may choose to  
be disassociated from the materials and may choose to comment or  
not comment on the materials.

(3) If it has been determined that the unborn human  
individual the pregnant woman is carrying has a detectable  
heartbeat, the physician who is to perform or induce the  
abortion shall comply with the informed consent requirements in  
section 2919.192 of the Revised Code in addition to complying  
with the informed consent requirements in divisions (B) (1), (2),

(4), and (5) of this section. 75

(4) Prior to the performance or inducement of the 76  
abortion, the pregnant woman signs a form consenting to the 77  
abortion and certifies ~~both~~ all of the following on that form: 78

(a) She has received the information and materials 79  
described in divisions (B) (1) and (2) of this section, and her 80  
questions about the abortion that will be performed or induced 81  
have been answered in a satisfactory manner. 82

(b) She consents to the particular abortion voluntarily, 83  
knowingly, intelligently, and without coercion by any person, 84  
and she is not under the influence of any drug of abuse or 85  
alcohol. 86

(c) If the abortion will be performed or induced 87  
surgically, she has been provided with the notification form 88  
described in division (A) of section 3726.14 of the Revised 89  
Code. 90

(d) If the abortion will be performed or induced 91  
surgically and she desires to exercise the rights under division 92  
(A) of section 3726.03 of the Revised Code, she has completed 93  
the disposition determination under section 3726.04 or 3726.041 94  
of the Revised Code. 95

A form shall be completed for each zygote, blastocyte, 96  
embryo, or fetus to be aborted. If a pregnant woman is carrying 97  
more than one zygote, blastocyte, embryo, or fetus, she shall 98  
sign a form for each zygote, blastocyte, embryo, or fetus to be 99  
aborted. 100

The form shall contain the name and contact information of 101  
the physician who provided to the pregnant woman the information 102  
described in division (B) (1) of this section. 103

(5) Prior to the performance or inducement of the 104  
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. 109

(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 132  
zygote, blastocyte, embryo, or fetus at two-week gestational 133

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 only 138  
after it consults with the Ohio state medical association and 139  
the Ohio section of the American college of obstetricians and 140  
gynecologists relative to the probable anatomical and 141  
physiological characteristics of a zygote, blastocyte, embryo, 142  
or fetus at the various gestational increments. The materials 143  
shall use language that is understandable by the average person 144  
who is not medically trained, shall be objective and 145  
nonjudgmental, and shall include only accurate scientific 146  
information about the zygote, blastocyte, embryo, or fetus at 147  
the various gestational increments. If the materials use a 148  
pictorial, photographic, or other depiction to provide 149  
information regarding the zygote, blastocyte, embryo, or fetus, 150  
the materials shall include, in a conspicuous manner, a scale or 151  
other explanation that is understandable by the average person 152  
and that can be used to determine the actual size of the zygote, 153  
blastocyte, embryo, or fetus at a particular gestational 154  
increment as contrasted with the depicted size of the zygote, 155  
blastocyte, embryo, or fetus at that gestational increment. 156

(D) Upon the submission of a request to the department of 157  
health by any person, hospital, physician, or medical facility 158  
for one copy of the materials published in accordance with 159  
division (C) of this section, the department shall make the 160  
requested copy of the materials available to the person, 161  
hospital, physician, or medical facility that requested the 162  
copy. 163

(E) If a medical emergency or medical necessity compels 164

the performance or inducement of an abortion, the physician who 165  
will perform or induce the abortion, prior to its performance or 166  
inducement if possible, shall inform the pregnant woman of the 167  
medical indications supporting the physician's judgment that an 168  
immediate abortion is necessary. Any physician who performs or 169  
induces an abortion without the prior satisfaction of the 170  
conditions specified in division (B) of this section because of 171  
a medical emergency or medical necessity shall enter the reasons 172  
for the conclusion that a medical emergency or medical necessity 173  
exists in the medical record of the pregnant woman. 174

(F) If the conditions specified in division (B) of this 175  
section are satisfied, consent to an abortion shall be presumed 176  
to be valid and effective. 177

(G) The performance or inducement of an abortion without 178  
the prior satisfaction of the conditions specified in division 179  
(B) of this section does not constitute, and shall not be 180  
construed as constituting, a violation of division (A) of 181  
section 2919.12 of the Revised Code. The failure of a physician 182  
to satisfy the conditions of division (B) of this section prior 183  
to performing or inducing an abortion upon a pregnant woman may 184  
be the basis of both of the following: 185

(1) A civil action for compensatory and exemplary damages 186  
as described in division (H) of this section; 187

(2) Disciplinary action under section 4731.22 of the 188  
Revised Code. 189

(H) (1) Subject to divisions (H) (2) and (3) of this 190  
section, any physician who performs or induces an abortion with 191  
actual knowledge that the conditions specified in division (B) 192  
of this section have not been satisfied or with a heedless 193

indifference as to whether those conditions have been satisfied 194  
is liable in compensatory and exemplary damages in a civil 195  
action to any person, or the representative of the estate of any 196  
person, who sustains injury, death, or loss to person or 197  
property as a result of the failure to satisfy those conditions. 198  
In the civil action, the court additionally may enter any 199  
injunctive or other equitable relief that it considers 200  
appropriate. 201

(2) The following shall be affirmative defenses in a civil 202  
action authorized by division (H) (1) of this section: 203

(a) The physician performed or induced the abortion under 204  
the circumstances described in division (E) of this section. 205

(b) The physician made a good faith effort to satisfy the 206  
conditions specified in division (B) of this section. 207

(3) An employer or other principal is not liable in 208  
damages in a civil action authorized by division (H) (1) of this 209  
section on the basis of the doctrine of respondeat superior 210  
unless either of the following applies: 211

(a) The employer or other principal had actual knowledge 212  
or, by the exercise of reasonable diligence, should have known 213  
that an employee or agent performed or induced an abortion with 214  
actual knowledge that the conditions specified in division (B) 215  
of this section had not been satisfied or with a heedless 216  
indifference as to whether those conditions had been satisfied. 217

(b) The employer or other principal negligently failed to 218  
secure the compliance of an employee or agent with division (B) 219  
of this section. 220

(4) Notwithstanding division (E) of section 2919.12 of the 221  
Revised Code, the civil action authorized by division (H) (1) of 222



this section shall be the exclusive civil remedy for persons, or 223  
the representatives of estates of persons, who allegedly sustain 224  
injury, death, or loss to person or property as a result of a 225  
failure to satisfy the conditions specified in division (B) of 226  
this section. 227

(I) The department of job and family services shall 228  
prepare and conduct a public information program to inform women 229  
of all available governmental programs and agencies that provide 230  
services or assistance for family planning, prenatal care, child 231  
care, or alternatives to abortion. 232

**Sec. 3701.341.** (A) The director of health, pursuant to 233  
Chapter 119. and consistent with Chapter 3726. and section 234  
2317.56 of the Revised Code, shall adopt rules relating to 235  
abortions and the following subjects: 236

(1) Post-abortion procedures to protect the health of the 237  
pregnant woman; 238

(2) Pathological reports; 239

(3) Humane disposition of the product of human conception; 240

(4) Counseling. 241

(B) The director of health shall implement the rules and 242  
shall apply to the court of common pleas for temporary or 243  
permanent injunctions restraining a violation or threatened 244  
violation of the rules. This action is an additional remedy not 245  
dependent on the adequacy of the remedy at law. 246

**Sec. 3701.79.** (A) As used in this section: 247

(1) "Abortion" has the same meaning as in section 2919.11 248  
of the Revised Code. 249

(2) "Abortion report" means a form completed pursuant to 250  
division (C) of this section. 251

(3) "Ambulatory surgical facility" has the same meaning as 252  
in section 3702.30 of the Revised Code. 253

(4) "Department" means the department of health. 254

(5) "Hospital" means any building, structure, institution, 255  
or place devoted primarily to the maintenance and operation of 256  
facilities for the diagnosis, treatment, and medical or surgical 257  
care for three or more unrelated individuals suffering from 258  
illness, disease, injury, or deformity, and regularly making 259  
available at least clinical laboratory services, diagnostic x- 260  
ray services, treatment facilities for surgery or obstetrical 261  
care, or other definitive medical treatment. "Hospital" does not 262  
include a "home" as defined in section 3721.01 of the Revised 263  
Code. 264

(6) "Physician's office" means an office or portion of an 265  
office that is used to provide medical or surgical services to 266  
the physician's patients. "Physician's office" does not mean an 267  
ambulatory surgical facility, a hospital, or a hospital 268  
emergency department. 269

(7) "Postabortion care" means care given after the uterus 270  
has been evacuated by abortion. 271

(B) The department shall be responsible for collecting and 272  
collating abortion data reported to the department as required 273  
by this section. 274

(C) The attending physician shall complete an individual 275  
abortion report for ~~each the abortion of each zygote,~~ 276  
~~blastocyte, embryo, or fetus the physician performs upon a~~ 277  
~~woman~~. The report shall be confidential and shall not contain 278

the woman's name. The report shall include, but is not limited 279  
to, all of the following, insofar as the patient makes the data 280  
available that is not within the physician's knowledge: 281

(1) Patient number; 282

(2) The name and address of the facility in which the 283  
abortion was performed, and whether the facility is a hospital, 284  
ambulatory surgical facility, physician's office, or other 285  
facility; 286

(3) The date of the abortion; 287

(4) If a surgical abortion, the method of final 288  
disposition of the fetal remains under Chapter 3726. of the 289  
Revised Code; 290

(5) All of the following regarding the woman on whom the 291  
abortion was performed: 292

(a) Zip code of residence; 293

(b) Age; 294

(c) Race; 295

(d) Marital status; 296

(e) Number of previous pregnancies; 297

(f) Years of education; 298

(g) Number of living children; 299

(h) Number of zygotes, blastocytes, embryos, or fetuses 300  
previously-induced abortions aborted; 301

(i) Date of last induced abortion; 302

(j) Date of last live birth; 303

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

(E) The appropriate vital records report or certificate 329  
shall be made out after the twentieth week of gestation. 330

(F) A copy of the abortion report shall be made part of 331  
the medical record of the patient of the facility in which the 332  
abortion was performed. 333

(G) Each hospital shall file monthly and annual reports 334  
listing the total number of women who have undergone a post- 335  
twelve-week-gestation abortion and received postabortion care. 336  
The annual report shall be filed following the conclusion of the 337  
state's fiscal year. Each report shall be filed within thirty 338  
days after the end of the applicable reporting period. 339

(H) Each case in which a physician treats a post abortion 340  
complication shall be reported on a postabortion complication 341  
form. The report shall be made upon a form prescribed by the 342  
department, shall be signed by the attending physician, and 343  
shall be confidential. 344

(I) (1) Not later than the first day of October of each 345  
year, the department shall issue an annual report of the 346  
abortion data reported to the department for the previous 347  
calendar year as required by this section. The annual report 348  
shall include at least the following information: 349

(a) The total number of ~~induced abortions~~ zygotes, 350  
blastocytes, embryos, or fetuses that were aborted; 351

(b) The number of abortions performed on Ohio and out-of- 352  
state residents; 353

(c) The number of abortions performed, sorted by each of 354  
the following: 355

(i) The age of the woman on whom the abortion was 356

performed, using the following categories: under fifteen years 357  
of age, fifteen to nineteen years of age, twenty to twenty-four 358  
years of age, twenty-five to twenty-nine years of age, thirty to 359  
thirty-four years of age, thirty-five to thirty-nine years of 360  
age, forty to forty-four years of age, forty-five years of age 361  
or older; 362

(ii) The race and Hispanic ethnicity of the woman on whom 363  
the abortion was performed; 364

(iii) The education level of the woman on whom the 365  
abortion was performed, using the following categories or their 366  
equivalents: less than ninth grade, ninth through twelfth grade, 367  
one or more years of college; 368

(iv) The marital status of the woman on whom the abortion 369  
was performed; 370

(v) The number of living children of the woman on whom the 371  
abortion was performed, using the following categories: none, 372  
one, or two or more; 373

(vi) The number of weeks of gestation of the woman at the 374  
time the abortion was performed, using the following categories: 375  
less than nine weeks, nine to twelve weeks, thirteen to nineteen 376  
weeks, or twenty weeks or more; 377

(vii) The county in which the abortion was performed; 378

(viii) The type of abortion procedure performed; 379

(ix) The number of ~~abortions~~ zygotes, blastocytes, 380  
embryos, or fetuses previously performed on aborted by the woman 381  
on whom the abortion was performed; 382

(x) The type of facility in which the abortion was 383  
performed; 384

(xi) For Ohio residents, the county of residence of the 385  
woman on whom the abortion was performed. 386

(2) The report also shall indicate the number and type of 387  
the abortion complications reported to the department either on 388  
the abortion report required under division (C) of this section 389  
or the postabortion complication report required under division 390  
(H) of this section. 391

(3) In addition to the annual report required under 392  
division (I)(1) of this section, the department shall make 393  
available, on request, the number of abortions performed by zip 394  
code of residence. 395

(J) The director of health shall implement this section 396  
and shall apply to the court of common pleas for temporary or 397  
permanent injunctions restraining a violation or threatened 398  
violation of its requirements. This action is an additional 399  
remedy not dependent on the adequacy of the remedy at law. 400

**Sec. 3726.01. As used in this chapter:** 401

(A) "Abortion facility" means any of the following in 402  
which abortions are induced or performed: 403

(1) Ambulatory surgical facility as defined in section 404  
3702.30 of the Revised Code; 405

(2) Any other facility in which abortion is legally 406  
provided. 407

(B) "Cremation" has the same meaning as in section 4717.01 408  
of the Revised Code. 409

(C) "Fetal remains" means the product of human conception 410  
that has been aborted. If a woman is carrying more than one 411  
zygote, blastocyte, embryo, or fetus, such as in the incidence 412

of twins or triplets, each zygote, blastocyte, embryo, or fetus 413  
or any of its parts that is aborted is a separate product of 414  
human conception that has been aborted. 415

(D) "Interment" means the burial or entombment of fetal 416  
remains. 417

**Sec. 3726.02.** (A) Final disposition of fetal remains from 418  
a surgical abortion at an abortion facility shall be by 419  
cremation or interment. 420

(B) The cremation of fetal remains under division (A) of 421  
this section shall be in a crematory facility, in compliance 422  
with Chapter 4717. of the Revised Code. 423

(C) As used in this section, "crematory facility" has the 424  
same meaning as in section 4717.01 of the Revised Code. 425

**Sec. 3726.03.** (A) A pregnant woman who has a surgical 426  
abortion has the right to determine both of the following 427  
regarding the fetal remains: 428

(1) Whether the final disposition shall be by cremation or 429  
interment; 430

(2) The location for the final disposition. 431

(B) A pregnant woman who has a surgical abortion shall be 432  
provided with a notification form described in division (A) of 433  
section 3726.14 of the Revised Code. 434

**Sec. 3726.04.** (A) (1) If a pregnant woman desires to 435  
exercise the rights under division (A) of section 3726.03 of the 436  
Revised Code, she shall make the determination in writing using 437  
a form prescribed by the director of health under division (C) 438  
of section 3726.14 of the Revised Code. The determination must 439  
clearly indicate both of the following: 440



(a) Whether the final disposition will be by cremation or 441  
interment; 442

(b) Whether the final disposition will be at a location 443  
other than one provided by the abortion facility. 444

(2) If a pregnant woman does not desire to exercise the 445  
rights under division (A) of section 3726.03 of the Revised 446  
Code, the abortion facility shall determine whether final 447  
disposition shall be by cremation or interment. 448

(B) (1) A pregnant woman who is under eighteen years of 449  
age, unmarried, and unemancipated shall obtain parental consent 450  
from one of the person's parents, guardian, or custodian to the 451  
final disposition determination she makes under division (A) (1) 452  
of this section. The consent shall be made in writing using a 453  
form prescribed by the director under division (B) of section 454  
3726.14 of the Revised Code. 455

(2) The consent under division (B) (1) of this section is 456  
not required for a pregnant woman exercising her rights under 457  
division (A) of section 3726.03 of the Revised Code if an order 458  
authorizing the minor to consent, or the court to consent on 459  
behalf of the minor, to the abortion was issued under section 460  
2151.85 or division (C) of section 2919.121 of the Revised Code. 461

**Sec. 3726.041.** (A) A pregnant woman who is carrying more 462  
than one zygote, blastocyte, embryo, or fetus, who desires to 463  
exercise the rights under division (A) of section 3726.03 of the 464  
Revised Code, shall complete one form under division (A) (1) of 465  
section 3726.04 of the Revised Code for each zygote, blastocyte, 466  
embryo, or fetus that will be aborted. 467

(B) A pregnant woman who obtains parental consent under 468  
division (B) (1) of section 3726.04 of the Revised Code shall use 469

one consent form for each zygote, blastocyte, embryo, or fetus 470  
that will be aborted. 471

**Sec. 3726.042.** A form used under section 3726.04 of the 472  
Revised Code that covers more than one zygote, blastocyte, 473  
embryo, or fetus that will be aborted is invalid. 474

**Sec. 3726.05.** An abortion facility may not release fetal 475  
remains from a surgical abortion, or arrange for the cremation 476  
or interment of such fetal remains, until it obtains a final 477  
disposition determination made, and if applicable, the consent 478  
made, under section 3726.04 or 3726.041 of the Revised Code. 479

**Sec. 3726.09.** (A) Except as provided in division (B) of 480  
this section, an abortion facility shall pay for and provide for 481  
the cremation or interment of the fetal remains from a surgical 482  
abortion performed at that facility. 483

(B) If the disposition determination made under division 484  
(A) (1) of section 3726.04 or 3726.041 of the Revised Code 485  
identifies a location for final disposition other than one 486  
provided by the abortion facility, the pregnant woman is 487  
responsible for the costs related to the final disposition of 488  
the fetal remains at the chosen location. 489

**Sec. 3726.10.** An abortion facility shall document in the 490  
pregnant woman's medical record the final disposition 491  
determination made, and if applicable, the consent made, under 492  
section 3726.04 or 3726.041 of the Revised Code. 493

**Sec. 3726.11.** An abortion facility shall maintain 494  
evidentiary documentation demonstrating the date and method of 495  
the disposition of fetal remains from surgical abortions 496  
performed or induced in the facility. 497

**Sec. 3726.12.** An abortion facility shall have written 498

policies and procedures regarding cremation or interment of 499  
fetal remains from surgical abortions performed or induced in 500  
the facility. 501

**Sec. 3726.13.** An abortion facility shall develop and 502  
maintain a written list of locations at which it provides or 503  
arranges for the final disposition of fetal remains from 504  
surgical abortions. 505

**Sec. 3726.14.** Not later than ninety days after the 506  
effective date of this section, the director of health, in 507  
accordance with Chapter 119. of the Revised Code, shall adopt 508  
rules necessary to carry out sections 3726.01 to 3726.13 of the 509  
Revised Code, including rules that prescribe the following: 510

(A) The notification form informing pregnant women who 511  
seek surgical abortions of the following: 512

(1) The right to determine final disposition of fetal 513  
remains under division (A) of section 3726.03 of the Revised 514  
Code; 515

(2) The available options for locations and methods for 516  
the disposition of fetal remains. 517

(B) The consent form for purposes of section 3726.04 or 518  
3726.041 of the Revised Code; 519

(C) (1) A detachable supplemental form to the form 520  
described in division (B) (4) of section 2317.56 of the Revised 521  
Code that meets the following requirements: 522

(a) Indicates whether the pregnant woman has indicated a 523  
preference as to the method of disposition of the fetal remains 524  
and the preferred method selected; 525

(b) Indicates whether the pregnant woman has indicated a 526

preference as to the location of disposition of the fetal 527  
remains; 528

(c) Provides for the signature of the physician who is to 529  
perform or induce the abortion; 530

(d) Provides for a medical identification number for the 531  
pregnant woman but does not provide for the pregnant woman's 532  
printed name or signature. 533

(2) If a medical emergency or medical necessity prevents 534  
the pregnant woman from completing the detachable supplemental 535  
form, procedures to complete that form a reasonable time after 536  
the medical emergency or medical necessity has ended. 537

**Sec. 3726.15.** A person who buries or cremates fetal 538  
remains from a surgical abortion is not liable for or subject to 539  
damages in any civil action, prosecution in any criminal 540  
proceeding, or professional disciplinary action related to the 541  
disposal of fetal remains, if that person does all of the 542  
following: 543

(A) Acts in good faith compliance with this chapter and, 544  
if applicable, section 4717.271 of the Revised Code; 545

(B) Receives a copy of a properly executed detachable 546  
supplemental form described in division (C) (1) of section 547  
3726.14 of the Revised Code; 548

(C) Acts in furtherance of the final disposition of the 549  
fetal remains. 550

**Sec. 3726.16.** Except for the requirements of section 551  
3705.20 of the Revised Code, no conflicting provision of the 552  
Revised Code or conflicting procedure of an agency or board 553  
shall apply regarding a person who buries or cremates fetal 554

remains in accordance with section 3726.15 of the Revised Code. 555

**Sec. 3726.95.** A pregnant woman who has a surgical 556  
abortion, the fetal remains from which are not disposed of in 557  
compliance with this chapter, is not guilty of committing, 558  
attempting to commit, complicity in the commission of, or 559  
conspiracy in the commission of a violation of section 3726.99 560  
of the Revised Code. 561

**Sec. 3726.99.** (A) No person shall fail to comply with 562  
section 3726.02, 3726.05, 3726.10, or 3726.11 of the Revised 563  
Code. 564

(B) Whoever knowingly violates division (A) of this 565  
section is guilty of failure to dispose of fetal remains 566  
humanely, a misdemeanor of the first degree. 567

**Sec. 4717.271.** The following applies to a crematory 568  
operator that cremates fetal remains for an abortion facility 569  
under Chapter 3726. of the Revised Code. 570

(A) A crematory operator shall not do any of the 571  
following: 572

(1) Cremate fetal remains without receiving a copy of a 573  
properly executed detachable supplemental form described in 574  
division (C)(1) of section 3726.14 of the Revised Code; 575

(2) Dispose of the cremated fetal remains by a means other 576  
than one of the following: 577

(a) Placing them in a grave, crypt, or niche; 578

(b) Scattering them in any dignified manner, including in 579  
a memorial garden, at sea, by air, or at a scattering ground 580  
described in section 1721.21 of the Revised Code; 581

<u>(c) Any other lawful manner.</u>	582
<u>(3) Arrange for the disposal of the cremated fetal remains</u>	583
<u>by a means other than one described in division (A) (2) of this</u>	584
<u>section;</u>	585
<u>(4) Arrange for the transfer of the cremated fetal remains</u>	586
<u>for disposal by a means other than one described in division (A)</u>	587
<u>(2) of this section.</u>	588
<u>(B) A crematory operator is not required to secure a death</u>	589
<u>certificate, a burial or burial-transit permit, or a cremation</u>	590
<u>authorization form to cremate fetal remains.</u>	591
<b>Section 2.</b> That existing sections 2317.56, 3701.341, and	592
3701.79 of the Revised Code are hereby repealed.	593
<b>Section 3.</b> Neither of the following shall apply until	594
rules are adopted under section 3726.14 of the Revised Code:	595
(A) The prohibition under section 3726.99 of the Revised	596
Code;	597
(B) The prohibitions under division (A) of section	598
4717.271 of the Revised Code.	599