Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas  As Engrossed:  H3/23/15
90th General Assembly
Regular Session, 2015

A Bill

By: Senators J. Hendren, B. Johnson, Files, Hester, D. Sanders

For An Act To Be Entitled

AN ACT TO REPEAL AND REPLACE THE WOMAN’S RIGHT TO
KNOW ACT OF 2001; TO PROVIDE FOR VOLUNTARY AND
INFORMED CONSENT FOR AN ABORTION; TO PROVIDE
PROCEDURES FOR ENSURING VOLUNTARY AND INFORMED
CONSENT FOR AN ABORTION; TO REQUIRE CERTAIN SIGNAGE
IN ABORTION FACILITIES; TO PROVIDE FOR CERTAIN
REQUIREMENTS OF THE DEPARTMENT OF HEALTH AND
HOSPITALS RELATIVE TO ABORTION; TO PROVIDE FOR THE
DELIVERY OF CERTAIN INFORMATION UNDER THE WOMAN’S
RIGHT TO KNOW LAW; TO PROVIDE FOR PENALTIES; AND FOR
OTHER PURPOSES.

Subtitle

TO REPEAL AND REPLACE THE WOMAN’S RIGHT
TO KNOW ACT OF 2001; AND TO PROVIDE FOR
VOLUNTARY AND INFORMED CONSENT FOR AN
ABORTION.

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

SECTION 1. DO NOT CODIFY.  Legislative findings and purposes.
(a) The General Assembly finds that:
(1) It is essential to the psychological and physical well-being
of a woman who is considering an abortion that she receive complete and
accurate information on abortion and its alternatives;

(2) The knowledgeable exercise of a woman's decision to have an abortion depends on the extent to which she receives sufficient information to make an informed choice between two (2) alternatives: giving birth or having an abortion;

(3) Adequate and legitimate informed consent includes information which “relating to the consequences to the fetus,” as stated in Planned Parenthood v. Casey, 505 U.S. 833, 882-883 (1992);

(4)(A) According to the Guttmacher Institute, in 2008 seventy percent (70%) of all abortions performed in the United States were performed in clinics devoted solely to providing abortions and family planning services.

(B) Most women who seek abortions at these facilities do not:

(i) Have any relationship with the physician who performs the abortion, before or after the procedure; or

(ii) Return to the facility for postsurgical care.

(C) In most instances, the woman's only actual contact with the physician occurs simultaneously with the abortion procedure, with little opportunity to receive counseling concerning her decision;

(5) The decision to abort a pregnancy is an important and often stressful one, and it is desirable and imperative that it be made with full knowledge of its nature and consequences, as stated in Planned Parenthood v. Danforth, 428 U.S. 52, 67 (1976);

(6) “The medical, emotional, and psychological consequences of an abortion are serious and can be lasting”, as stated in H.L. v. Matheson, 450 U.S. 398, 411 (1981);

(7) Abortion facilities or providers often offer only limited or impersonal counseling opportunities; and

(8) Many abortion facilities or providers hire untrained and unprofessional counselors to provide preabortion counseling whose primary goal is actually to sell or promote abortion services.

(b) Based on the findings presented in subsection (a) of this section, the purposes of this act are to:

(1) Ensure that every woman considering an abortion receives complete information on abortion and its alternatives and that every woman
receiving an abortion does so only after giving her voluntary and fully
informed consent to the abortion procedure;

(2) Protect unborn children from a woman’s uninformed decision
to have an abortion;

(3) Reduce “the risk that a woman may elect an abortion, only to
discover later, with devastating psychological consequences, that her
decision was not fully informed”, as stated in Planned Parenthood v. Casey,
505 U.S. 833, 882 (1992); and

(4) Adopt the construction of the term “medical emergency”
accepted by the United States Supreme Court in Planned Parenthood v. Casey,

SECTION 2. Arkansas Code Title 20, Chapter 16, is amended to add an
additional subchapter to read as follows:

Subchapter 15 — Woman's Right-to-Know Act

20-16-1501. Title.
This subchapter shall be known and may be cited as the “Woman's Right-
to-Know Act”.

As used in this subchapter:

(1)(A) “Abortion” means the act of using or prescribing any
instrument, medicine, drug, or other substance, device, or means with the
intent to terminate the clinically diagnosable pregnancy of a woman with
knowledge that the termination by those means will with reasonable
likelihood cause the death of the unborn child.

(B) A use, prescription, or means under this subdivision
(1) is not an abortion if the use, prescription, or means is performed with
the intent to:

(i) Save the life or preserve the health of the
unborn child;

(ii) Remove a dead unborn child caused by
spontaneous abortion; or

(iii) Remove an ectopic pregnancy;

(2)(A) “Abortion-inducing drug” means a medicine, drug, or any
other substance prescribed or dispensed with the intent of terminating the clinically diagnosable pregnancy of a woman, with knowledge that the termination will with reasonable likelihood cause the death of the unborn child.

(B) "Abortion-inducing drugs" includes off-label use of drugs known to have abortion-inducing properties, which are prescribed specifically with the intent of causing an abortion, such as misoprostol, Cytotec, and methotrexate.

(C) This definition does not apply to drugs that may be known to cause an abortion, but which are prescribed for other medical indications such as chemotherapeutic agents or diagnostic drugs.

(D) Use of drugs to induce abortion is also known as a medical, drug-induced, or chemical abortion;

(3) "Adverse event" means an undesirable experience associated with the use of a medical product in a patient, including without limitation an event that causes:

(A) Death;

(B) Threat to life;

(C) Hospitalization;

(D) Disability or permanent damage;

(E) Congenital anomaly or birth defect, or both;

(F) Required intervention to prevent permanent impairment or damage;

(G) Other serious important medical events, including without limitation:

(i) Allergic bronchospasm requiring treatment in an emergency room;

(ii) Serious blood dyscrasias;

(iii) Seizures or convulsions that do not result in hospitalization; and

(iv) The development of drug dependence or drug abuse;

(4) “Complication” means an adverse physical or psychological condition arising from the performance of an abortion, including without limitation:

(A) An adverse reaction to anesthesia or other
drugs;

(B) Bleeding;
(C) A blood clot;
(D) Cardiac arrest;
(E) Cervical perforation;
(F) Coma;
(G) Embolism;
(H) Endometritis;
(I) Failure to actually terminate the pregnancy;
(J) Free fluid in the abdomen;
(K) Hemorrhage;
(L) Incomplete abortion, also referred to as "retained tissue";
(M) Infection;
(N) Metabolic disorder;
(O) Undiagnosed ectopic pregnancy;
(P) Placenta previa in subsequent pregnancies;
(Q) Pelvic inflammatory disease;
(R) A psychological or emotional complication such as depression, anxiety, or a sleeping disorder;
(S) Preterm delivery in subsequent pregnancies;
(T) Renal failure;
(U) Respiratory arrest;
(V) Shock;
(W) Uterine perforation; and
(X) Other adverse event;

(5) "Conception" means the fusion of a human spermatozoon with a human ovum;
(6) "Emancipated minor" means a person under eighteen (18) years of age who is or has been married or who has been legally emancipated;
(7) "Facility" means a public or private hospital, clinic, center, medical school, medical training institution, healthcare facility, physician's office, infirmary, dispensary, ambulatory surgical treatment center, or other institution or location where medical care is provided to a person;
(8) "First trimester" means the first twelve (12) weeks of
gestation;

(9) “Gestational age” means the time that has elapsed since the
first day of the woman’s last menstrual period;

(10) “Hospital” means any institution licensed as a hospital
pursuant to the laws of this state;

(11) “Medical emergency” means that condition which, on the
basis of the physician’s good-faith clinical judgment, complicates the
medical condition of a pregnant woman and necessitates the immediate
termination of her pregnancy to avert her death or for which a delay will
create serious risk of substantial and irreversible impairment of a major
bodily function;

(12) “Physician” means any person licensed to practice medicine
in this state including medical doctors and doctors of osteopathy;

(13) “Pregnant” or “pregnancy” means that female reproductive
condition of having an unborn child in the woman’s uterus;

(14) “Qualified person” means an agent of the physician who is a
psychologist, licensed social worker, licensed professional counselor,
registered nurse, physician assistant, or physician;

(15) “Unborn child” means the offspring of human beings from
conception until birth; and

(16) “Viability” means the state of fetal development when, in
the judgment of the physician based on the particular facts of the case
before him or her and in light of the most advanced medical technology and
information available to him or her, there is a reasonable likelihood of
sustained survival of the unborn child outside the body of his or her mother,
with or without artificial support.

20-16-1503. Informed consent requirement.
(a) A person shall not perform or induce an abortion without the
voluntary and informed consent of the woman upon whom the abortion is to be
performed or induced.

(b) Except in the case of a medical emergency, consent to an abortion
is voluntary and informed only if:

(1) At least forty-eight (48) hours before the abortion, the
physician who is to perform the abortion or the referring physician has
informed the woman, orally and in person, of the following:
(A) The name of the physician who will perform the abortion;

(B) Medically accurate information that a reasonable patient would consider material to the decision concerning whether or not to undergo the abortion, including:

(i) A description of the proposed abortion method;

(ii) The immediate and long-term medical risks associated with the proposed abortion method, including without limitation the risks of:

(a) Cervical or uterine perforation;

(b) Danger to subsequent pregnancies;

(c) Hemorrhage; and

(d) Infection; and

(iii) Alternatives to the abortion;

(C) The probable gestational age of the unborn child at the time the abortion is to be performed;

(D) The probable anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed;

(E) The medical risks associated with carrying the unborn child to term;

(F) Any need for anti-Rh immune globulin therapy if the woman is Rh negative, the likely consequences of refusing such therapy, and the cost of the therapy; and

(G) Information on reversing the effects of abortion-inducing drugs;

(2) At least forty-eight (48) hours before the abortion, the physician who is to perform the abortion, the referring physician, or a qualified person informs the woman, orally and in person, that:

(A) Medical assistance benefits may be available for prenatal care, childbirth, and neonatal care, and that more detailed information on the availability of such assistance is contained in the printed materials and informational DVD given to her under § 20-16-1504;

(B) The printed materials and informational DVD under § 20-16-1504 describe the unborn child and list agencies that offer alternatives to abortion;
(C)(i) The father of the unborn child is liable to assist in the support of the child, even in instances where he has offered to pay for the abortion.

(ii) In a case of rape or incest, the information required under subdivision (b)(2)(C)(i) of this section may be omitted;

(D) The woman is free to withhold or withdraw her consent to the abortion at any time without affecting her right to future care or treatment and without the loss of any state or federally funded benefits to which she otherwise might be entitled; and

(E) The information contained in the printed materials and informational DVD given to her under § 20-16-1504, is also available on a state website;

(3)(A) The information required under subdivisions (b)(1) and (2) of this section is provided to the woman individually and in a private room to protect her privacy, to maintain the confidentiality of her decision, to ensure that the information focuses on her individual circumstances, and to ensure that she has an adequate opportunity to ask questions.

(B) Subdivision (b)(3)(A) of this section does not preclude the provision of required information through a translator in a language understood by the woman;

(4)(A) At least forty-eight (48) hours before the abortion, the woman is given a copy of the printed materials and permitted to view and given a copy of the informational DVD under § 20-16-1504.

(B) If the woman is unable to read the materials, the materials shall be read to her in a language she can understand.

(C) If the woman asks questions concerning any of the information or materials under this subdivision (4), the person who provides or reads the information or materials shall answer her questions in a language she can understand;

(5)(A) At least forty-eight (48) hours before an abortion is performed or induced on a woman whose pregnancy has progressed to twenty (20) weeks gestation or more, the physician performing the abortion on the pregnant woman, the referring physician, or a qualified person assisting the physician shall, orally and in person, offers information on fetal pain to the patient.

(B) The information required under subdivision (b)(5)(A)
of this section and counseling related to that information shall include
without limitation the following:

(i) That by twenty (20) weeks gestational age, the
unborn child possesses all anatomical links in its nervous system, including
spinal cord, nerve tracts, thalamus, and cortex, that are necessary in order
to feel pain;

(ii) That an unborn child at twenty (20) weeks
gestation or more is fully capable of experiencing pain;

(iii) A description of the actual steps in the
abortion procedure to be performed or induced and at which steps in the
abortion procedure the unborn child is capable of feeling pain;

(iv) That maternal anesthesia typically offers
little pain prevention for the unborn child; and

(v) That an anesthetic, analgesic, or both are
available so that pain to the fetus is minimized or alleviated;

(B) Before the abortion, the pregnant woman certifies in
writing on a checklist form provided or approved by the Department of Health
that the information required under § 20-16-1504 has been provided.

(B) A physician who performs an abortion shall report
monthly to the department the total number of certifications the physician
has received.

(C) The department shall make available to the public
annually the number of certifications received under subdivision (b)(6)(B) of
this section;

(7)(A) Except in the case of a medical emergency, the physician
who is to perform the abortion shall receive and sign a copy of the written
certification required under subdivision (b)(6)(A) of this section before
performing the abortion.

(B) The physician shall retain a copy of the checklist
certification form in the pregnant woman’s medical record; and

(8) At least forty-eight (48) hours before an abortion that is
being performed or induced utilizing abortion-inducing drugs, the physician
who is to perform the abortion, the referring physician, or a qualified
person informs the pregnant woman, orally and in person, that:

(A) It may be possible to reverse the effects of the
abortion if the pregnant woman changes her mind, but that time is of the
(B) Information on reversing the effects of abortion-inducing drugs is available in materials prepared by the department.

(c)(1) In the event of a medical emergency requiring an immediate termination of pregnancy, the physician who performed the abortion clearly certifies in writing the nature of the medical emergency and the circumstances that necessitated the waiving of the informed consent requirements under this subchapter.

(2) The certification required under subdivision (c)(1) of this section shall be signed by the physician who performed the emergency abortion and shall be permanently filed in both the records of the physician performing the abortion and the records of the facility where the abortion took place.

(d) A physician shall not require or obtain payment for a service provided in relation to abortion to a patient who has inquired about an abortion or scheduled an abortion until the expiration of the forty-eight-hour reflection period required in this section.

(e) All ultrasound images, test results, and forms signed by the patient or legal guardian shall be retained as a part of the patient's medical record and be made available for inspection by the department or other authorized agency.

20-16-1504. Publication of materials.

(a)(1) The Department of Health shall:

(A) Publish easily comprehensible printed materials and an informational DVD in English and Spanish within ninety (90) days after the effective date of this subchapter;

(B) Develop and maintain a secure Internet website, which may be part of an existing website, to provide the information required under this subchapter; and

(C) Monitor the website on a weekly basis to prevent and correct tampering.

(2) The department shall not collect or maintain information regarding persons using the website.

(b) The department shall review and update annually, if necessary, the following printed materials and informational DVD which shall be easily
comprehensible:

(1)(A) Geographically indexed materials that inform a pregnant woman seeking an abortion of public and private agencies and services available to assist her through pregnancy, upon childbirth, and while her child is dependent, including without limitation adoption agencies.

(B) The materials shall:

(i) Include:

(a) A comprehensive list of the public and private agencies and services, a description of the services they offer, and the telephone numbers and addresses of the agencies; and

(b) The following statement: “There are many public and private agencies willing and able to help you to carry your child to term and to assist you and your child after your child is born, whether you choose to keep your child or to place her or him for adoption. The State of Arkansas strongly urges you to contact one or more of these agencies before making a final decision about abortion. The law requires that your physician or his or her agent give you the opportunity to call agencies like these before you undergo an abortion.”;

(ii) Inform the pregnant woman about available medical assistance benefits for prenatal care, childbirth, and neonatal care;

(iii) Contain a toll-free, twenty-four-hour telephone number that may be called to obtain information about the agencies in the geographic area of the caller and of the services offered; and

(iv) State that:

(a) It is unlawful for any individual to coerce a woman to undergo an abortion;

(b) If a minor is denied financial support by the minor’s parents, guardian, or custodian due to the minor’s refusal to undergo an abortion, the minor shall be deemed emancipated for the purposes of eligibility for public assistance benefits, except that benefits may not be used to obtain an abortion;

(c) A physician who performs an abortion upon a woman without her informed consent may be liable to her for damages in a civil action; and

(d) The law permits adoptive parents to pay costs of prenatal care, childbirth, and neonatal care.
(C) The department shall ensure that the materials described in this section are comprehensive and do not directly or indirectly promote, exclude, or discourage the use of any public or private agency or service described in this section.

(2)(A) Materials that include information on the support obligations of a father of a child who is born alive, including without limitation the father’s legal duty to support the child, including child support payments and health insurance, and the fact that paternity may be established by the father’s signature on a birth certificate, by a statement of paternity, or by court action.

(B) The materials shall state that more information concerning establishment of paternity and child support services and enforcement may be obtained by calling state or county public assistance agencies;

(3)(A) Materials that describe the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from fertilization to full term, including color photographs of the unborn child at two-week gestational increments.

(B) The materials and descriptions shall:

(i)(a) Include information about brain and heart functions, the presence of external features and internal organs during the applicable stages of development, and any relevant information on the possibility of the unborn child’s survival.

(b) If a photograph is not available, a picture shall contain the dimensions of the unborn child and shall be realistic; and

(ii) Be objective, nonjudgmental, and designed to convey only accurate scientific information about the unborn child at the various gestational ages;

(4) Materials that contain objective information describing the various surgical and drug-induced methods of abortion, as well as the immediate and long-term medical risks commonly associated with each abortion method, including without limitation the risks of:

(A) Cervical or uterine perforation or rupture;

(B) Danger to subsequent pregnancies;

(C) Hemorrhage;
(D) Infection;

(E) Medical risks associated with carrying a child to term following an abortion; and

(F) Possible adverse psychological effects associated with an abortion;

(5) A uniform resource locator for the state website where the materials required under this section can be found;

(6) Materials that include information on the potential ability of a qualified person to reverse the effects of abortion-inducing drugs, such as mifepristone, Mifeprex, and misoprostol, including without limitation information directing a woman to obtain further information at appropriate websites and by contacting appropriate agencies for assistance in locating a healthcare professional to aide in the reversal of an abortion; and

(7) A checklist certification form to be used by the physician or a qualified person assisting the physician that lists the items of information to be given to the woman by a physician or the agent under this subchapter.

(c) The materials shall be printed in a typeface large enough to be clearly legible.

(d)(1) The department shall produce a standard format DVD that may be used statewide presenting the information required under this section.

(2) In preparing the DVD, the department may summarize and make reference to the comprehensive printed list of geographically indexed names and services described in this section.

(3)(A) The DVD shall show, in addition to the information described in this section, an ultrasound of the heartbeat of an unborn child at four to five (4-5) weeks gestational age, at six to eight (6-8) weeks gestational age, and each month thereafter, until viability.

(B) The information in the DVD shall be presented in an objective, unbiased manner designed to convey only accurate scientific information.

(e) The materials and the DVD required under this section shall be available at no cost from the department upon request and in appropriate number to any person, facility, or hospital.

20-16-1505. Prevention of forced abortion — Signage in abortion
facilities.

(a)(1) A licensed facility where abortions are performed shall post a sign conspicuously in a location defined in subsection (b) of this section that is clearly visible to all individuals who enter and that features the text contained in subdivision (a)(2) of this section.

(2) The sign shall display the following text:
"It is against the law for anyone, regardless of his or her relationship to you, to force you to have an abortion. You have the right to contact any local or state law enforcement or any social service agency to receive protection from any actual or threatened physical, emotional, or psychological abuse. It is against the law to perform, induce, prescribe for, or provide you with the means for an abortion without your voluntary consent."

(b) The sign shall be posted in each waiting room, patient consultation room, and procedure room used by patients for whom abortions are performed, induced, prescribed or for whom the means for an abortion are provided.

(c) The continued posting of signage shall be a condition of licensure of any facility that performs or induces abortions.

(d) The display of signage does not discharge the duty of a facility to have a physician orally inform a pregnant woman of information and materials contained in § 20-16-1503.

(e)(1) The Department of Health shall provide all signs required by this section to the licensed abortion facility.

(2) The department may require that a licensed abortion facility reimburse the department for any costs associated with the sign or signs.

20-16-1506. Medical emergencies.

When a medical emergency compels the performance of an abortion, the physician shall inform the woman before the abortion, if possible, of the medical indications supporting the physician’s judgment that an immediate abortion is necessary to avert her death or that a forty-eight-hour delay will cause substantial and irreversible impairment of a major bodily function.

20-16-1507. Regulations — Collection and reporting of information.
(a) The Department of Health shall develop and promulgate regulations regarding reporting requirements.

(b)(1) The Arkansas Center for Health Statistics of the Department of Health shall ensure that all information collected by the center regarding abortions performed in this state shall be available to the public in printed form and on a twenty-four-hour basis on the center’s website.

(2) In no case shall the privacy of a patient or doctor be compromised.

(c) The information collected by the center regarding abortions performed in this state shall be continually updated.

(d)(1)(A) By June 3 of each year, the department shall issue a public report providing statistics on the number of women who were provided information and materials pursuant to this subchapter during the previous calendar year.

(B) Each report shall also provide the statistics for all previous calendar years, adjusted to reflect any additional information received after the deadline.

(2) The department shall take care to ensure that none of the information included in the public reports could reasonably lead to the identification of any individual who received information or materials in accordance with § 20-16-1503.

20-16-1508. Rules.

(a)(1) The Department of Health shall adopt rules to implement this subchapter.

(2) The department may add by rule additional examples of complications to supplement those in § 20-16-1503.

(c) The Arkansas State Medical Board shall promulgate rules to ensure that physicians who perform abortions, referring physicians, or agents of either physician comply with all the requirements of this subchapter.

20-16-1509. Criminal penalty.

A person who intentionally, knowingly, or recklessly violates this subchapter commits a Class A misdemeanor.

20-16-1510. Civil penalties.
(a) In addition to any remedies available under the common law or statutory law of this state, failure to comply with the requirements of this subchapter shall provide a basis for a:

(1) Civil malpractice action for actual and punitive damages; and

(2) Professional disciplinary action under the Arkansas Medical Practices Act, § 17-95-201 et seq., § 17-95-301 et seq., and § 17-95-401 et seq.

(b) A civil liability shall not be assessed against the woman upon whom the abortion is performed.

(c) When requested, the court shall allow a woman to proceed using solely her initials or a pseudonym and may close the proceedings in the case and enter other protective orders to preserve the privacy of the woman upon whom the abortion was performed or attempted.

(d) If judgment is rendered in favor of the plaintiff, the court shall also render judgment for a reasonable attorney’s fee in favor of the plaintiff against the defendant.

(e) If judgment is rendered in favor of the defendant and the court finds that the plaintiff’s suit was frivolous and brought in bad faith, the court shall also render judgment for reasonable attorney’s fee in favor of the defendant against the plaintiff.

20-16-1511. Construction.

(a) This subchapter does not create or recognize a right to abortion.

(b) This subchapter is not intended to make lawful an abortion that is currently unlawful.

SECTION 3. Arkansas Code Title 20, Chapter 16, Subchapter 9, is repealed.

Subchapter 9—Woman’s Right to Know Act of 2001

20-16-901. Title.

This subchapter shall be known and may be cited as the “Woman’s Right to Know Act of 2001”.

20-16-902. Definitions.
As used in this subchapter:

(1) “Abortion” means the use or prescription of any instrument, medicine, drug, or any other substance or device intentionally to terminate the pregnancy of a woman known to be pregnant, for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after a live birth, or to remove a dead fetus;

(2) “Attempt to perform an abortion” means an act or an omission of a statutorily required act that under the circumstances as the actor believes them to be constitutes a substantial step in a course of conduct planned to culminate in the termination of a pregnancy in Arkansas;

(3) “Board” means the Arkansas State Medical Board or the appropriate health care professional licensing board;

(4) “Division” means the Department of Health;

(5) “Director” means the Director of the Department of Health;

(6) “Gestational age” means the age of the fetus as calculated from the first day of the last menstrual period of the pregnant woman;

(7) “Medical emergency” means any condition which, on the basis of the physician’s good faith clinical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate termination of her pregnancy to avert her death or for which a delay will create serious risk of impairment of a major bodily function which is substantial and deemed to be irreversible;

(8) “Physician” means any person licensed to practice medicine in this state; and

(9) “Probable gestational age of the fetus” means what in the judgment of the physician will with reasonable probability be the gestational age of the fetus at the time the abortion is planned to be performed.

20-16-903. Informed consent.

(a) No abortion shall be performed in this state except with the voluntary and informed consent of the woman upon whom the abortion is to be performed.

(b) Except in the case of a medical emergency, consent to an abortion is voluntary and informed only if:

(1)(A) Before and in no event on the same day as the abortion, the woman is told the following by telephone or in person by the physician
who is to perform the abortion, by a referring physician, or by an agent of either physician:

(i) The name of the physician who will perform the abortion;

(ii) The medical risks associated with the particular abortion procedure to be employed;

(iii) The probable gestational age of the fetus at the time the abortion is to be performed;

(iv) The medical risks associated with carrying the fetus to term; and

(v) That a spouse, boyfriend, parent, friend, or other person cannot force her to have an abortion.

(B) The information required by this subdivision (b)(1):

(i) Shall be provided during a consultation in which the physician or his or her agent is able to ask questions of the woman and the woman is able to ask questions of the physician;

(ii)(a) May be provided by telephone without conducting a physical examination or tests on the woman.

(b) If the information is supplied by telephone, the information may be based both on facts supplied to the physician or his or her agent by the woman and on whatever other relevant information is reasonably available to the physician or his or her agent; and

(iii) Shall not be provided by a tape recording.

(C) If a physical examination, tests, or other new information subsequently indicates the need in the medical judgment of the physician for a revision of the information previously supplied to the woman, that revised information may be communicated to the woman at any time before the performance of the abortion.

(D) This section does not preclude the provision of required information through a translator in a language understood by the woman:

(2)(A) Before and in no event on the same day as the abortion, the woman is informed by telephone or in person by the physician who is to perform the abortion, by a referring physician, or by an agent of either physician:

(i) That medical assistance benefits may be
available for prenatal care, childbirth, and neonatal care;

(ii) That the father is liable to assist in the
support of her child, even in instances in which the father has offered to
pay for the abortion;

(iii) That she has the option to review the printed
or electronic materials described in § 20-16-904 and that those materials:
(a) Have been provided by the state; and
(b) Describe the fetus and list agencies that
offer alternatives to abortion; and

(iv) That if the woman chooses to exercise her
option to view the materials:
(a) In a printed form, the materials shall be
mailed to her by a method chosen by her; or
(b) Via the Internet, she shall be informed
before and in no event on the same day as the abortion of the specific
address of the website where the materials can be accessed.

(B) The information required by this subdivision (b)(2)
may be provided by a tape recording if provision is made to record or
otherwise register specifically whether the woman does or does not choose to
review the printed materials;

(3) Before the abortion, the woman certifies in writing that the
information described in subdivision (b)(1) of this section and her options
described in subdivision (b)(2) of this section have been furnished to her
and that she has been informed of her option to review the information
referred to in subdivision (b)(2)(A)(iii) of this section;

(4) Before the abortion, the physician who is to perform the
procedure or the physician's agent receives a copy of the written
certification prescribed by subdivision (b)(3) of this section; and

(5) Before the abortion, the physician confirms with the patient
that she has received information regarding:

(A) The medical risks associated with the particular
abortion procedure to be employed;

(B) The probable gestational age of the fetus at the time
the abortion is to be performed;

(C) The medical risks associated with carrying the fetus
to term; and
(D) That a spouse, boyfriend, parent, friend, or other person cannot force her to have an abortion.

(c) The Arkansas State Medical Board shall promulgate regulations to ensure that physicians who perform abortions, referring physicians, or agents of either physician comply with all the requirements of this section.

20-16-904. Printed materials.

(a) The Department of Health shall cause to be published in English and in each language which is the primary language of two percent (2%) or more of the state's population and shall update on an annual basis the following printed materials in such a way as to ensure that the information is easily comprehensible:

(1) At the option of the department:
    (A) Geographically indexed materials designed to inform the woman of public and private agencies, including adoption agencies, and services available to assist a woman through pregnancy, upon childbirth, and while the child is dependent, including:
        (i) A comprehensive list of the agencies available;
        (ii) A description of the services they offer; and
        (iii) A description of the manner, including telephone numbers, in which they might be contacted; or
    (B) Printed materials, including a toll-free telephone number which may be called twenty-four (24) hours per day to obtain orally a list and description of agencies in the locality of the caller and of the services they offer; and

(2)(A) Materials designed to inform the woman of the probable anatomical and physiological characteristics of the fetus at two-week gestational increments from the time when a woman can be known to be pregnant to full term, including:
        (i) Any relevant information on the possibility of the fetus' survival; and
        (ii) Pictures or drawings representing the development of fetuses at two-week gestational increments, provided that the pictures or drawings shall describe the dimensions of the fetus and shall be realistic and appropriate for the stage of pregnancy depicted.

(B) The materials shall be objective, nonjudgmental, and
designed to convey only accurate scientific information about the fetus at
the various gestational ages.

(C) The material shall also contain objective information
describing:

(i) The methods of termination of pregnancy
procedures commonly employed;
(ii) The medical risks commonly associated with each
of those procedures;
(iii) The possible detrimental psychological effects
of termination of pregnancy; and
(iv) The medical risks commonly associated with
carrying a child to term.

(b) The materials referred to in subsection (a) of this section shall
be printed in a typeface large enough to be clearly legible.

(c) The materials required under this section shall be available at no
cost from the department and shall be distributed upon request in appropriate
numbers to any person, facility, or hospital.

(d)(1) The department shall develop and maintain a secure website to
provide the information described under subsection (a) of this section.
(2) The website shall be maintained at a minimum resolution of
seventy-two pixels per inch (72 ppi).

20-16-905. Procedure in case of medical emergency.
When a medical emergency compels the performance of an abortion, the
physician shall inform the woman, prior to the abortion if possible, of the
medical indications supporting the physician’s judgment that:

(1) An abortion is necessary to avert her death; or

(2) A delay will create a serious risk of impairment of a major
bodily function which is substantial and deemed to be irreversible.

(a) The Department of Health shall develop and promulgate regulations
regarding reporting requirements.
(b) The Arkansas Center for Health Statistics of the Department of
Health shall ensure that all information collected by the center regarding
abortions performed in this state shall be available to the public in printed
form and on a twenty-four-hour basis on the center’s website, provided that
in no case shall the privacy of a patient or doctor be compromised.

(c) The information collected by the center regarding abortions
performed in this state shall be continually updated.

(d)(1)(A) By June 3 of each year, the department shall issue a public
report providing statistics on the number of women provided information and
materials pursuant to this subchapter during the previous calendar year.

(B) Each report shall also provide the statistics for all
previous calendar years, adjusted to reflect any additional information
received after the deadline.

(2) The department shall take care to ensure that none of the
information included in the public reports could reasonably lead to the
identification of any individual who received information in accordance with
§ 20-16-903.

20-16-907. Penalties.

(a) A person who knowingly or recklessly performs or attempts to
perform a termination of a pregnancy in violation of this subchapter shall be
subject to disciplinary action by the Arkansas State Medical Board.

(b) No penalty may be assessed against the woman upon whom the
abortion is performed or attempted to be performed.

(c) No penalty or civil liability may be assessed for failure to
comply with any provision of § 20-16-903 unless the Department of Health has
made the printed materials available at the time that the physician or the
physician’s agent is required to inform the woman of her right to review
them.

20-16-908. Woman’s anonymity.

(a) In every proceeding or action brought under this subchapter, the
court or board shall rule, upon motion or sua sponte, whether the identity of
any woman upon whom a termination of pregnancy has been performed or
attempted shall be preserved from public disclosure if she does not give her
consent to disclosure.

(b) If the court or board rules that the woman’s anonymity should be
preserved, the court or board shall order the parties, witnesses, and counsel
to preserve her anonymity and shall direct the sealing of the record and the
exclusion of individuals from courtrooms or hearing rooms to the extent necessary to safeguard her identity from public disclosure.

(c) Each order to preserve the woman's anonymity shall be accompanied by specific written findings explaining:

(1) Why the anonymity of the woman should be preserved from public disclosure;

(2) Why the order is essential to that end;

(3) How the order is narrowly tailored to serve that interest;

and

(4) Why no reasonable less restrictive alternative exists.

(d) This section shall not be construed to conceal the identity of the plaintiff or of witnesses from the defendant.

SECTION 4. DO NOT CODIFY. The enactment and adoption of this act shall be in conjunction with and not supersede the Arkansas Human Heartbeat Protection Act, § 20-16-1301 et seq., derived from Acts 2013, No. 301.

SECTION 5. DO NOT CODIFY. SAVINGS CLAUSE. If any section or part of a section of this act is determined by a court to be unconstitutional, the Woman's Right to Know Act of 2001, § 20-16-901 et seq., shall be revived, and to prevent a hiatus in the law, the relevant section or part of a section of the Woman's Right to Know Act of 2001 shall remain in full force and effect from and after the effective date of this act notwithstanding its repeal by this act.

/s/Lundstrum