



**This Bill Analysis
reflects the contents
of the bill as it was
presented in
committee.**

HOUSE BILL 465: 72hrs Informed Consent By Person or Phone.

2015-2016 General Assembly

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|-----------------------|---|---------------------|-----------------------------------|
| Committee: | House Health, if favorable, Judiciary IV | Date: | April 21, 2015 |
| Introduced by: | Reps. Schaffer, McElraft, R. Turner, S. Martin | Prepared by: | Kelly Tornow Committee Counsel |
| Analysis of: | PCS to First Edition H465-CSTK-29 | | |

SUMMARY: *The PCS for House Bill 465 would: (1) require physicians who perform abortions to report certain information to DHHS; (2) increase to 72 hours the waiting period for women who voluntarily consent to an abortion; and (3) make technical and conforming changes.*

CURRENT LAW & BILL ANALYSIS

Section 1

CURRENT LAW: G.S. 14-45.1 sets forth the circumstances under which an abortion may be lawfully performed.

Hospitals and clinics where abortions are performed are required to annually provide to the Department of Health and Human Services (DHHS) statistical summary reports concerning the medical and demographic characteristics of the abortions allowed under this statute. The reports are for statistical purposes only and the confidentiality of the patient relationship is protected.

ANALYSIS: Section 1 would require a physician who advises, procures, or causes a miscarriage or abortion after the 18th week of a woman's pregnancy to record the following and provide the information to DHHS: (1) the method used by the physician to determine the probable gestational age of the unborn child, (2) the results of the methodology including the measurements of the unborn child, and (3) an ultrasound image of the unborn child that depicts the measurements. A physician who procures or causes an abortion after the 20th week of a woman's pregnancy would be required to record the findings and analysis on which the physician based the determination that continuance of the pregnancy would threaten the life or gravely impair the health of the woman and provide that information to DHHS.

Section 1 would also make technical and conforming changes.

Sections 2 and 3

CURRENT LAW: The Women's Right to Know Act (Article 1I of Chapter 90 of the General Statutes) outlines the requirements for informed consent to abortion. At least 24 hours prior to an abortion, a physician or qualified professional must provide certain information to a woman voluntarily consenting to an abortion. This can be done by telephone or in person.

ANALYSIS: Section 2 would increase the timeframe for providing certain information to a woman voluntarily consenting to an abortion to 72 hours. Section 3 would make a conforming change.

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Section 4

ANALYSIS: Section 4 contains a severability cause which would provide that if any provision of the act is held invalid, the invalidity would not affect other provisions of the act that can be given effect without the invalid provisions.

EFFECTIVE DATE: The substantive provisions in Section 1 become effective January 1, 2016, and apply to abortions performed or attempted on or after that date. Sections 4 is effective when it becomes law. The remainder of this act becomes effective October 1, 2015, and applies to abortions performed or attempted on or after that date.