

HOUSE BILL No. 2598

By Committee on Federal and State Affairs

2-1

Proposed Amendment on HB 2598
Prepared for Rep. Wolfe-Moore
March 5, 2012
Prepared by Mike Heim
Office of Revisor of Statutes

1 AN ACT concerning abortion; relating to restrictions on late term
2 abortions; relating to the woman's-right-to-know act; creating the no
3 taxpayer funding for abortion act; amending K.S.A. 60-1901 and
4 K.S.A. 2011 Supp. 40-2246, 65-6701, 65-6703, 65-6709, 65-6710, 79-
5 32,117, 79-32,138, 79-32,182b, 79-32,195, 79-32,261 and 79-3606 and
6 repealing the existing sections; also repealing K.S.A. 2011 Supp. 79-
7 3606g.

8 *Be it enacted by the Legislature of the State of Kansas:*

9 New Section 1. (a) Sections 1 through 7, and amendments thereto,
10 shall be known and may be cited as the no taxpayer funding for abortion
11 act.

12 (b) As used in this act:

13 (1) "Abortion" has the same meaning as such term is defined in
14 K.S.A. 65-6701, and amendments thereto.

15 (2) "Health benefit plan" means any hospital or medical expense
16 policy, health, hospital or medical services corporation contract, and a plan
17 provided by a municipal group-funded pool, or a health maintenance
18 organization contract offered by any employer or any certificate issued
19 under any such policy, contract or plan.

20 (3) "Health care entity" means an individual physician or other health
21 care professional, a hospital, a provider-sponsored organization, a health
22 maintenance organization or any other health care facility or organization.

23 (4) "State agency" has the same meaning as such term is defined in
24 K.S.A. 75-3701, and amendments thereto.

25 New Sec. 2. Except to the extent required by federal law:

26 (a) No moneys appropriated from the state general fund or from any
27 special revenue fund shall be expended for any abortion;

28 (b) no tax credit shall be allowed against any income tax, premium or
29 privilege tax liability and no exemption shall be granted from sales or
30 compensating use tax for that portion of such amounts paid or incurred for
31 an abortion, or that portion of such amounts paid or incurred for a health
32 benefit plan, including premium assistance, for the purchase of an optional
33 rider for coverage of abortion in accordance with K.S.A. 2011 Supp. 40-
34 2,190, and amendments thereto;

35 (c) in the case of any tax-preferred trust or account, the purpose of
36

House Federal & State Affairs

Date: 3-15-12

Attachment # 4

1 (3) a description of risks related to the proposed abortion method,
2 including *risk of premature birth in future pregnancies*; ~~risk of breast~~
3 ~~excess~~ and risks to the woman's reproductive health and alternatives to the
4 abortion that a reasonable patient would consider material to the decision
5 of whether or not to undergo the abortion;

6 (4) the probable gestational age of the unborn child at the time the
7 abortion is to be performed and that Kansas law requires the following:
8 "No person shall perform or induce an abortion when the unborn child is
9 viable unless such person is a physician and has a documented referral
10 from another physician not financially associated with the physician
11 performing or inducing the abortion and both physicians determine that:
12 (1) The abortion is necessary to preserve the life of the pregnant woman;
13 or (2) a continuation of the pregnancy will cause a substantial and
14 irreversible, *physical* impairment of a major bodily function of the
15 pregnant woman." If the child is born alive, the attending physician has the
16 legal obligation to take all reasonable steps necessary to maintain the life
17 and health of the child;

18 (5) the probable anatomical and physiological characteristics of the
19 unborn child at the time the abortion is to be performed;

20 (6) the contact information for free-counseling assistance for
21 medically challenging pregnancies and the contact information for free-
22 perinatal hospice services, *including information regarding which entities*
23 *provide such services free of charge*;

24 (7) the medical risks associated with carrying an unborn child to
25 term; and

26 (8) any need for anti-Rh immune globulin therapy, if she is Rh
27 negative, the likely consequences of refusing such therapy and the cost of
28 the therapy.

29 (b) At least 24 hours before the abortion, the physician who is to
30 perform the abortion, the referring physician or a qualified person has
31 informed the woman in writing that:

32 (1) Medical assistance benefits may be available for prenatal care,
33 childbirth and neonatal care, and that more detailed information on the
34 availability of such assistance is contained in the printed materials given to
35 her and described in K.S.A. 65-6710, and amendments thereto;

36 (2) the informational materials in K.S.A. 65-6710, and amendments
37 thereto, are available in printed form and online, and describe the unborn
38 child, list agencies which offer alternatives to abortion with a special
39 section listing adoption services and list providers of free ultrasound
40 services;

41 (3) the father of the unborn child is liable to assist in the support of
42 her child, even in instances where he has offered to pay for the abortion
43 except that in the case of rape this information may be omitted;

X

4-2

1 anatomical and physiological characteristics of the unborn child at two-
2 week gestational increments from fertilization to full term, including
3 pictures or drawings representing the development of an unborn child at
4 two-week gestational increments, and any relevant information on the
5 possibility of the unborn child's survival. Any such pictures or drawings
6 shall contain the dimensions of the unborn child and shall be realistic. The
7 material shall include the ~~statement~~ the following statements: (A) That by
8 no later than 20 weeks from fertilization, the unborn child has the physical
9 structures necessary to experience pain; (B) that there is evidence that by
10 20 weeks from fertilization unborn children seek to evade certain stimuli
11 in a manner that in an infant or an adult would be interpreted to be a
12 response to pain; (C) that anesthesia is routinely administered to unborn
13 children who are 20 weeks from fertilization or older who undergo
14 prenatal surgery; (D) that less than 5% of all natural pregnancies end in
15 spontaneous miscarriage after detection of cardiac activity, and a fetal
16 heartbeat is, therefore, a key medical indicator that an unborn child is
17 likely to achieve the capacity for live birth; and (E) that abortion
18 terminates the life of a whole, separate, unique, living human being. The
19 materials shall be objective, nonjudgmental and designed to convey only
20 accurate scientific information about the unborn child at the various
21 gestational ages. The material shall also contain objective information
22 describing the methods of abortion procedures commonly employed, the
23 medical risks commonly associated with each such procedure, including
24 risk of premature birth in future pregnancies, ~~risk of breast cancer~~, risks to
25 the woman's reproductive health and the medical risks associated with
26 carrying an unborn child to term.

27 (3) The printed materials shall, at a minimum, contain the following
28 text:

29 *Your doctor is required to tell you about the nature of the physical and*
30 *emotional risks of both the abortion procedure and carrying a child to*
31 *term. The doctor must tell you how long you have been pregnant and must*
32 *give you a chance to ask questions and discuss your decision about the*
33 *pregnancy carefully and privately in your own language.*

34 *In order to determine the gestational age of the unborn child the doctor*
35 *must use ultrasound equipment preparatory to the performance of an*
36 *abortion. You have the right to view the ultrasound image of the unborn*
37 *child at no additional expense, and you have the right to receive a picture*
38 *of the unborn child.*

39 *A directory of services is also available. By calling or visiting the*
40 *agencies and offices in the directory you can find out about alternatives to*
41 *abortion, assistance to make an adoption plan for your baby or locate*
42 *public and private agencies that offer medical and financial help during*
43 *pregnancy, during childbirth and while you are raising your child.*

4-3