## SECOND REGULAR SESSION

## SENATE BILL NO. 1135

## 102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR ARTHUR.

4056S.01I KRISTINA MARTIN, Secretary

## **AN ACT**

To repeal sections 188.015, 188.017, 188.026, 188.038, 188.052, 188.056, 188.057, 188.058, and 188.375, RSMo, and to enact in lieu thereof two new sections relating to abortion, with an emergency clause.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 188.015, 188.017, 188.026, 188.038,

- 2 188.052, 188.056, 188.057, 188.058, and 188.375, RSMo, are
- 3 repealed and two new sections enacted in lieu thereof, to be
- 4 known as sections 188.015 and 188.052, to read as follows:

188.015. As used in this chapter, the following terms

- 2 mean:
- 3 (1) "Abortion":
- 4 (a) The act of using or prescribing any instrument,
- 5 device, medicine, drug, or any other means or substance with
- 6 the intent to destroy the life of an embryo or fetus in his
- 7 or her mother's womb; or
- 8 (b) The intentional termination of the pregnancy of a
- 9 mother by using or prescribing any instrument, device,
- 10 medicine, drug, or other means or substance with an
- 11 intention other than to increase the probability of a live
- 12 birth or to remove a dead unborn child;
- 13 (2) "Abortion facility", a clinic, physician's office,
- 14 or any other place or facility in which abortions are
- performed or induced other than a hospital;

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

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          (3)
               "Conception", the fertilization of the ovum of a
    female by a sperm of a male;
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          (4)
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               "Department", the department of health and senior
    services:
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               ["Down Syndrome", the same meaning as defined in
          (5)
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    section 191.923;
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                "Gestational age", length of pregnancy as
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    measured from the first day of the woman's last menstrual
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    period;
          [(7)] (6) "Medical emergency", a condition which,
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    based on reasonable medical judgment, so complicates the
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    medical condition of a pregnant woman as to necessitate the
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    immediate abortion of her pregnancy to avert the death of
    the pregnant woman or for which a delay will create a
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    serious risk of substantial and irreversible physical
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    impairment of a major bodily function of the pregnant woman;
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          [(8)] (7)
                     "Physician", any person licensed to practice
    medicine in this state by the state board of registration
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    for the healing arts;
                     "Reasonable medical judgment", a medical
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          [(9)] (8)
    judgment that would be made by a reasonably prudent
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    physician, knowledgeable about the case and the treatment
    possibilities with respect to the medical conditions
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    involved;
                     "Unborn child", the offspring of human
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          [(10)] (9)
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    beings from the moment of conception until birth and at
    every stage of its biological development, including the
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    human conceptus, zygote, morula, blastocyst, embryo, and
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    fetus;
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45 [(11)] (10) "Viability" or "viable", that stage of 46 fetal development when the life of the unborn child may be

- 47 continued indefinitely outside the womb by natural or
- 48 artificial life-supportive systems;
- 49 [(12)] (11) "Viable pregnancy" or "viable intrauterine
- 50 pregnancy", in the first trimester of pregnancy, an
- 51 intrauterine pregnancy that can potentially result in a
- 52 liveborn baby.
  - 188.052. 1. An individual abortion report for each
- 2 abortion performed or induced upon a woman shall be
- 3 completed by the physician who performed or induced the
- 4 abortion. [Abortion reports shall include, but not be
- 5 limited to, a certification that the physician does not have
- any knowledge that the woman sought the abortion solely
- 7 because of a prenatal diagnosis, test, or screening
- 8 indicating Down Syndrome or the potential of Down Syndrome
- 9 in the unborn child and a certification that the physician
- does not have any knowledge that the woman sought the
- abortion solely because of the sex or race of the unborn
- child.]
- 13 2. An individual complication report for any post-
- 14 abortion care performed upon a woman shall be completed by
- 15 the physician providing such post-abortion care. This
- 16 report shall include:
- 17 (1) The date of the abortion;
- 18 (2) The name and address of the abortion facility or
- 19 hospital where the abortion was performed or induced;
- 20 (3) The nature of the abortion complication diagnosed
- 21 or treated.
- 22 3. All abortion reports shall be signed by the
- 23 attending physician who performed or induced the abortion
- 24 and submitted to the department within forty-five days from
- 25 the date of the abortion. All complication reports shall be
- 26 signed by the physician providing the post-abortion care and

27 submitted to the department within forty-five days from the date of the post-abortion care.

- 4. A copy of the abortion report shall be made a part of the medical record of the patient of the abortion facility or hospital in which the abortion was performed or induced.
- 5. The department shall be responsible for collecting
  all abortion reports and complication reports and collating
  and evaluating all data gathered therefrom and shall
  annually publish a statistical report based on such data
  from abortions performed or induced in the previous calendar
  year.

[188.017. 1. This section shall be known and may be cited as the "Right to Life of the Unborn Child Act".

- 2. Notwithstanding any other provision of law to the contrary, no abortion shall be performed or induced upon a woman, except in cases of medical emergency. Any person who knowingly performs or induces an abortion of an unborn child in violation of this subsection shall be quilty of a class B felony, as well as subject to suspension or revocation of his or her professional license by his or her professional licensing board. A woman upon whom an abortion is performed or induced in violation of this subsection shall not be prosecuted for a conspiracy to violate the provisions of this subsection.
- 3. It shall be an affirmative defense for any person alleged to have violated the provisions of subsection 2 of this section that the person performed or induced an abortion because of a medical emergency. The defendant shall have the burden of persuasion that the defense is more probably true than not.
- 4. The enactment of this section shall only become effective upon notification to the revisor of statutes by an opinion by the attorney general of Missouri, a proclamation by the governor of Missouri, or the adoption of a concurrent resolution by the Missouri general assembly that:
- (1) The United States Supreme Court has overruled, in whole or in part, Roe v. Wade, 410 U.S. 113 (1973), restoring or granting to the state of Missouri the authority to regulate

abortion to the extent set forth in this section, and that as a result, it is reasonably probable that this section would be upheld by the court as constitutional;

- (2) An amendment to the Constitution of the United States has been adopted that has the effect of restoring or granting to the state of Missouri the authority to regulate abortion to the extent set forth in this section; or
- (3) The United States Congress has enacted a law that has the effect of restoring or granting to the state of Missouri the authority to regulate abortion to the extent set forth in this section.]
- [188.026. 1. This section and sections 188.056, 188.057, and 188.058 shall be known and may be cited as the "Missouri Stands for the Unborn Act".
- 2. In Roe v. Wade, 410 U.S. 113 (1973), certain information about the development of the unborn child, human pregnancy, and the effects of abortion was either not part of the record or was not available at the time. Since 1973, advances in medical and scientific technology have greatly expanded our knowledge of prenatal life and the effects of abortion on women. The general assembly of this state finds:
- (1) At conception, a new genetically distinct human being is formed;
- (2) The fact that the life of an individual human being begins at conception has long been recognized in Missouri law: "[T]he child is, in truth, alive from the moment of conception". State v. Emerich, 13 Mo. App. 492, 495 (1883), affirmed, 87 Mo. 110 (1885). Under section 1.205, the general assembly has recognized that the life of each human being begins at conception and that unborn children have protectable interests in life, health, and well-being;
- (3) The first prohibition of abortion in Missouri was enacted in 1825. Since then, the repeal and reenactment of prohibitions of abortion have made distinctions with respect to penalties for performing or inducing abortion on the basis of "quickening"; however, the unborn child was still protected from conception onward;
- (4) In ruling that Missouri's prohibition on abortion was constitutional in 1972, the Missouri supreme court accepted as a stipulation of the parties that "'[i]nfant Doe, Intervenor Defendant in this case, and all other unborn children have all the qualities and attributes of adult human persons differing only in age or maturity. Medically, human life is a continuum

from conception to death.'" Rodgers v. Danforth, 486 S.W.2d 258, 259 (1972);

- In Webster v. Reproductive Health (5) Services, 492 U.S. 490 (1989), the Supreme Court, while considering the "preamble" that set forth "findings" in section 1.205, stated: "We think the extent to which the preamble's language might be used to interpret other state statutes or regulations is something that only the courts of Missouri can definitively decide. State law has offered protections to unborn children in tort and probate law". Id. at 506. Since Webster, Missouri courts have construed section 1.205 and have consistently found that an unborn child is a person for purposes of Missouri's homicide and assault laws when the unborn child's mother was killed or assaulted by another person. Section 1.205 has even been found applicable to the manslaughter of an unborn child who was eight weeks gestational age or earlier. State v. Harrison, 390 S.W.3d 927 (Mo. Ct. App. 2013);
- (6) In medicine, a special emphasis is placed on the heartbeat. The heartbeat is a discernible sign of life at every stage of human existence. During the fifth week of gestational age, an unborn child's heart begins to beat and blood flow begins during the sixth week;
- (7) Depending on the ultrasound equipment being used, the unborn child's heartbeat can be visually detected as early as six to eight weeks gestational age. By about twelve weeks gestational age, the unborn child's heartbeat can consistently be made audible through the use of a handheld Doppler fetal heart rate device;
- (8) Confirmation of a pregnancy can be indicated through the detection of the unborn child's heartbeat, while the absence of a heartbeat can be an indicator of the death of the unborn child if the child has reached the point of development when a heartbeat should be detectable;
- (9) Heart rate monitoring during pregnancy and labor is utilized to measure the heart rate and rhythm of the unborn child, at an average rate between one hundred ten and one hundred sixty beats per minute, and helps determine the health of the unborn child;
- "the difficult question of when life begins" and wrote: "[p]hysicians and their scientific colleagues have regarded [quickening] with less interest and have tended to focus either upon conception, upon live birth, or upon the interim point at which the fetus becomes 'viable', that is, potentially able to live outside the mother's womb, albeit with artificial aid".

Roe, 410 U.S. at 160. Today, however, physicians' and scientists' interests on life in the womb also focus on other markers of development in the unborn child, including, but not limited to, presence of a heartbeat, brain development, a viable pregnancy or viable intrauterine pregnancy during the first trimester of pregnancy, and the ability to experience pain;

(11) In Planned Parenthood of Central Missouri v. Danforth, 428 U.S. 52 (1976), the Supreme Court noted that "we recognized in Roe that viability was a matter of medical judgment, skill, and technical ability, and we preserved the flexibility of the term". Id. at 64. Due to advances in medical technology and diagnoses, present-day physicians and scientists now describe the viability of an unborn child in an additional manner, by determining whether there is a viable pregnancy or viable intrauterine pregnancy during the first trimester of pregnancy;

(12)While the overall risk of miscarriage after clinical recognition of pregnancy is twelve to fifteen percent, the incidence decreases significantly if cardiac activity in the unborn child has been confirmed. detection of a heartbeat in an unborn child is a reliable indicator of a viable pregnancy and that the unborn child will likely survive to birth, especially if presenting for a prenatal visit at eight weeks gestational age or later. For asymptomatic women attending a first prenatal visit between six and eleven weeks gestational age where a heartbeat was confirmed through an ultrasound, the subsequent risk of miscarriage is one and six-tenths percent. Although the risk is higher at six weeks gestational age at nine and four-tenths percent, it declines rapidly to one and five-tenths percent at eight weeks gestational age, and less than one percent at nine weeks gestational age or later;

(13) The presence of a heartbeat in an unborn child represents a more definable point of ascertaining survivability than the ambiguous concept of viability that has been adopted by the Supreme Court, especially since if a heartbeat is detected at eight weeks gestational age or later in a normal pregnancy, there is likely to be a viable pregnancy and there is a high probability that the unborn child will survive to birth;

(14) The placenta begins developing during the early first trimester of pregnancy and performs a respiratory function by making oxygen supply to and carbon dioxide removal from the

unborn child possible later in the first trimester and throughout the second and third trimesters of pregnancy;

(15) By the fifth week of gestation, the

development of the brain of the unborn child is underway. Brain waves have been measured and recorded as early as the eighth week of gestational age in children who were removed during an ectopic pregnancy or hysterectomy. Fetal magnetic resonance imaging (MRI) of an unborn child's brain is used during the second and third trimesters of pregnancy and brain activity has been observed using MRI;

(16) Missouri law identifies the presence of circulation, respiration, and brain function as indicia of life under section 194.005, as the presence of circulation, respiration, and brain function indicates that such person is not legally dead, but is legally alive;

- (17) Unborn children at eight weeks gestational age show spontaneous movements, such as a twitching of the trunk and developing limbs. It has been reported that unborn children at this stage show reflex responses to touch. The perioral area is the first part of the unborn child's body to respond to touch at about eight weeks gestational age and by fourteen weeks gestational age most of the unborn child's body is responsive to touch;
- (18) Peripheral cutaneous sensory receptors, the receptors that feel pain, develop early in the unborn child. They appear in the perioral cutaneous area at around seven to eight weeks gestational age, in the palmar regions at ten to ten and a half weeks gestational age, the abdominal wall at fifteen weeks gestational age, and over all of the unborn child's body at sixteen weeks gestational age;
- (19) Substance P, a peptide that functions as a neurotransmitter, especially in the transmission of pain, is present in the dorsal horn of the spinal cord of the unborn child at eight to ten weeks gestational age. Enkephalins, peptides that play a role in neurotransmission and pain modulation, are present in the dorsal horn at twelve to fourteen weeks gestational age;
- (20) When intrauterine needling is performed on an unborn child at sixteen weeks qestational age or later, the reaction to this invasive stimulus is blood flow redistribution to the brain. Increased blood flow to the brain is the same type of stress response seen in a born child and an adult;
- (21) By sixteen weeks gestational age, pain transmission from a peripheral receptor to the cortex is possible in the unborn child;

213 (22) Physicians provide anesthesia during in utero treatment of unborn children as early 214 215 as sixteen weeks gestational age for certain 216 procedures, including those to correct fetal urinary tract obstruction. Anesthesia is 217 218 administered by ultrasound-quided injection into 219 the arm or leg of the unborn child; 220 (23) A leading textbook on prenatal 221 development of the human brain states, "It may 222 be concluded that, although nociperception (the 223 actual perception of pain) awaits the appearance 224 of consciousness, nociception (the experience of 225 pain) is present some time before birth. In the 226 absence of disproof, it is merely prudent to 227 assume that pain can be experienced even early in prenatal life (Dr. J. Wisser, Zürich): the 228 fetus should be given the benefit of the 229 230 Ronan O'Rahilly & Fabiola Müller. 231 Embryonic Human Brain: An Atlas of 232 Developmental Stages (3d ed. 2005); 233 By fourteen or fifteen weeks (24)234 gestational age or later, the predominant 235 abortion method in Missouri is dilation and 236 evacuation (D&E). The D&E abortion method 237 includes the dismemberment, disarticulation, and 238 exsanguination of the unborn child, causing the 239 unborn child's death; 240 The Supreme Court acknowledged in (25)241 Gonzales v. Carhart, 550 U.S. 124, 160 (2007), that "the standard D&E is in some respects as 242 brutal, if not more, than the intact D&E" partial birth abortion method banned by Congress 243 244 245 and upheld as facially constitutional by the 246 Supreme Court, even though the federal ban was 247 applicable both before and after viability and 248 had no exception for the health of the mother; (26) Missouri's ban on the partial birth 249 250 abortion method, section 565.300, is in effect 251 because of Gonzales v. Carhart and the Supreme 252 Court's subsequent decision in Nixon v. 253 Reproductive Health Services of Planned Parenthood of the St. Louis Region, Inc., 550 254 U.S. 901 (2007), to vacate and remand to the appellate court the prior invalidation of 255 256 257 section 565.300. Since section 565.300, like Congress' ban on partial birth abortion, is 258 259 applicable both before and after viability, 260 there is ample precedent for the general assembly to constitutionally prohibit the brutal 261 D&E abortion method at fourteen weeks 262 263 gestational age or later, even before the unborn 264 child is viable, with a medical emergency 265 exception; 266 (27)In Roper v. Simmons, 543 U.S. 551 267 (2005), the Supreme Court determined that "evolving standards of decency" dictated that a 268 Missouri statute allowing the death penalty for 269

a conviction of murder in the first degree for a person under eighteen years of age when the crime was committed was unconstitutional under the Eighth and Fourteenth Amendments to the United States Constitution because it violated the prohibition against "cruel and unusual punishments";

- (28) In Bucklew v. Precythe, 139 S. Ct. 1112, 1123 (2019), the Supreme Court noted that "'[d]isqusting' practices" like disemboweling and quartering "readily qualified as 'cruel and unusual', as a reader at the time of the Eighth Amendment's adoption would have understood those words";
- (29) Evolving standards of decency dictate that Missouri should prohibit the brutal and painful D&E abortion method at fourteen weeks gestational age or later, with a medical emergency exception, because if a comparable method of killing was used on:
- (a) A person convicted of murder in the first degree, it would be cruel and unusual punishment; or
- (b) An animal, it would be unlawful under state law because it would not be a humane method, humane euthanasia, or humane killing of certain animals under chapters 273 and 578;
- (30) In Roper, the Supreme Court also found that "[i]t is proper that we acknowledge the overwhelming weight of international opinion against the juvenile death penalty... The opinion of the world community, while not controlling our outcome, does provide respected and significant confirmation for our own conclusions". Roper, 543 U.S. at 578. In its opinion, the Supreme Court was instructed by "international covenants prohibiting the juvenile death penalty", such as the International Covenant on Civil and Political Rights, 999 U.N.T.S. 171. Id. at 577;
- (31) The opinion of the world community, reflected in the laws of the United Nation's 193-member states and six other entities, is that in most countries, most abortions are prohibited after twelve weeks gestational age or later;
- (32) The opinion of the world community is also shared by most Americans, who believe that most abortions in the second and third trimesters of pregnancy should be illegal, based on polling that has remained consistent since 1996;
- (33) Abortion procedures performed later in pregnancy have a higher medical risk for women. Compared to an abortion at eight weeks gestational age or earlier, the relative risk increases exponentially at later gestational ages. The relative risk of death for a pregnant

woman who had an abortion performed or induced
upon her at:

- (a) Eleven to twelve weeks gestational age is between three and four times higher than an abortion at eight weeks gestational age or earlier;
- (b) Thirteen to fifteen weeks gestational age is almost fifteen times higher than an abortion at eight weeks gestational age or earlier;
- (c) Sixteen to twenty weeks gestational age is almost thirty times higher than an abortion at eight weeks gestational age or earlier; and
- (d) Twenty-one weeks gestational age or later is more than seventy-five times higher than an abortion at eight weeks gestational age or earlier;
- of an abortion, studies have found that the long-term physical and psychological consequences of abortion for women include, but are not limited to, an increased risk of preterm birth, low birthweight babies, and placenta previa in subsequent pregnancies, as well as serious behavioral health issues. These risks increase as abortions are performed or induced at later qestational ages. These consequences of an abortion have a detrimental effect not only on women, their children, and their families, but also on an already burdened health care system, taxpayers, and the workforce;
- (35) A large percentage of women who have an abortion performed or induced upon them in Missouri each year are at less than eight weeks gestational age, a large majority are at less than fourteen weeks gestational age, a larger majority are at less than eighteen weeks gestational age, and an even larger majority are at less than twenty weeks gestational age. A prohibition on performing or inducing an abortion at eight weeks gestational age or later, with a medical emergency exception, does not amount to a substantial obstacle to a large fraction of women for whom the prohibition is relevant, which is pregnant women in Missouri who are seeking an abortion while not experiencing a medical emergency. The burden that a prohibition on performing or inducing an abortion at eight, fourteen, eighteen, or twenty weeks gestational age or later, with a medical emergency exception, might impose on abortion access, is outweighed by the benefits conferred upon the following:
- (a) Women more advanced in pregnancy who are at greater risk of harm from abortion;

 (b) Unborn children at later stages of development;

- (c) The medical profession, by preserving its integrity and fulfilling its commitment to do no harm; and
- (d) Society, by fostering respect for human life, born and unborn, at all stages of development, and by lessening societal tolerance of violence against innocent human life;
- (36) In Webster, the Supreme Court noted, in upholding a Missouri statute, "that there may be a 4-week error in estimating gestational age". Webster, 492 U.S. at 516. Thus, an unborn child thought to be eight weeks gestational age might in fact be twelve weeks gestational age, when an abortion poses a greater risk to the woman and the unborn child is considerably more developed. An unborn child at fourteen weeks gestational age might be eighteen weeks gestational age and an unborn child at eighteen weeks gestational age might be twenty-two weeks gestational age, when an abortion poses a greater risk to the woman, the unborn child is considerably more developed, the abortion method likely to be employed is more brutal, and the risk of pain experienced by the unborn child is greater. An unborn child at twenty weeks gestational age might be twentyfour weeks gestational age, when an abortion poses a greater risk to the woman, the unborn child is considerably more developed, the abortion method likely to be employed is more brutal, the risk of pain experienced by the unborn child is greater, and the unborn child may be viable.
- 3. The state of Missouri is bound by Article VI, Clause 2 of the Constitution of the United States that "all treaties made, or which shall be made, under the authority of the United States, shall be the supreme law of the land". One such treaty is the International Covenant on Civil and Political Rights, entered into force on March 23, 1976, and adopted by the United States on September 8, 1992. In ratifying the Covenant, the United States declared that while the provisions of Articles 1 through 27 of the Covenant are not self-executing, the United States' understanding is that state governments share responsibility with the federal government in implementing the Covenant.
- 4. Article 6, Paragraph 1, U.N.T.S. at 174, of the International Covenant on Civil and Political Rights states, "Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life". The state of Missouri takes seriously its obligation to comply with

the Covenant and to implement this paragraph as it relates to the inherent right to life of unborn human beings, protecting the rights of unborn human beings by law, and ensuring that such unborn human beings are not arbitrarily deprived of life. The state of Missouri hereby implements Article 6, Paragraph 1 of the Covenant by the regulation of abortion in this state.

- 5. The state of Missouri has interests that include, but are not limited to:
- (1) Protecting unborn children throughout pregnancy and preserving and promoting their lives from conception to birth;
  - (2) Encouraging childbirth over abortion;
- (3) Ensuring respect for all human life

from conception to natural death;

- (4) Safeguarding an unborn child from the serious harm of pain by an abortion method that would cause the unborn child to experience pain while she or he is being killed;
- (5) Preserving the integrity of the medical profession and regulating and restricting practices that might cause the medical profession or society as a whole to become insensitive, even disdainful, to life. This includes regulating and restricting abortion methods that are not only brutal and painful, but if allowed to continue, will further coarsen society to the humanity of not only unborn children, but all vulnerable and innocent human life, making it increasingly difficult to protect such life;
- (6) Ending the incongruities in state law by permitting some unborn children to be killed by abortion, while requiring that unborn children be protected in nonabortion circumstances through, including, but not limited to, homicide, assault, self-defense, and defense of another statutes; laws guaranteeing prenatal health care, emergency care, and testing; state-sponsored health insurance for unborn children; the prohibition of restraints in correctional institutions to protect pregnant offenders and their unborn children; and protecting the interests of unborn children by the appointment of conservators, guardians, and representatives;
- (7) Reducing the risks of harm to pregnant women who obtain abortions later in pregnancy; and
- (8) Avoiding burdens on the health care system, taxpayers, and the workforce because of increased preterm births, low birthweight babies, compromised pregnancies, extended postpartum recoveries, and behavioral health problems caused by the long-term effects of

abortions performed or induced later in the pregnancy.]

[188.038. 1. The general assembly of this state finds that:

- (1) Removing vestiges of any past bias or discrimination against pregnant women, their partners, and their family members, including their unborn children, is an important task for those in the legal, medical, social services, and human services professions;
- (2) Ending any current bias or discrimination against pregnant women, their partners, and their family members, including their unborn children, is a legitimate purpose of government in order to guarantee that those who "are endowed by their Creator with certain unalienable Rights" can enjoy "Life, Liberty and the pursuit of Happiness";
- (3) The historical relationship of bias or discrimination by some family planning programs and policies towards poor and minority populations, including, but not limited to, the nonconsensual sterilization of mentally ill, poor, minority, and immigrant women and other coercive family planning programs and policies, must be rejected;
- (4) Among Missouri residents, the rate of black or African-American women who undergo abortions is significantly higher, about three and one-half times higher, than the rate of white women who undergo abortions. Among Missouri residents, the rate of black or African-American women who undergo repeat abortions is significantly higher, about one and one-half times higher, than the rate of white women who undergo repeat abortions;
- (5) Performing or inducing an abortion because of the sex of the unborn child is repugnant to the values of equality of females and males and the same opportunities for girls and boys, and furthers a false mindset of female inferiority;
- (6) Government has a legitimate interest in preventing the abortion of unborn children with Down Syndrome because it is a form of bias or disability discrimination and victimizes the disabled unborn child at his or her most vulnerable stage. Eliminating unborn children with Down Syndrome raises grave concerns for the lives of those who do live with disabilities. It sends a message of dwindling support for their unique challenges, fosters a false sense that disability is something that could have been avoidable, and is likely to increase the stigma associated with disability.

2. No person shall perform or induce an abortion on a woman if the person knows that the woman is seeking the abortion solely because of a prenatal diagnosis, test, or screening indicating Down Syndrome or the potential of Down Syndrome in an unborn child.

- 3. No person shall perform or induce an abortion on a woman if the person knows that the woman is seeking the abortion solely because of the sex or race of the unborn child.
- 4. Any physician or other person who performs or induces or attempts to perform or induce an abortion prohibited by this section shall be subject to all applicable civil penalties under this chapter including, but not limited to, sections 188.065 and 188.085.]

[188.056. 1. Notwithstanding any other provision of law to the contrary, no abortion shall be performed or induced upon a woman at eight weeks gestational age or later, except in cases of medical emergency. Any person who knowingly performs or induces an abortion of an unborn child in violation of this subsection shall be guilty of a class B felony, as well as subject to suspension or revocation of his or her professional license by his or her professional licensing board. A woman upon whom an abortion is performed or induced in violation of this subsection shall not be prosecuted for a conspiracy to violate the provisions of this section.

- 2. It shall be an affirmative defense for any person alleged to have violated the provisions of subsection 1 of this section that the person performed or induced an abortion because of a medical emergency. The defendant shall have the burden of persuasion that the defense is more probably true than not.
- 3. Prosecution under this section shall bar prosecution under section 188.057, 188.058, or 188.375 if prosecution under such sections would violate the provisions of Amendment V to the Constitution of the United States or Article I, Section 19 of the Constitution of Missouri.
- 4. If any one or more provisions, subsections, sentences, clauses, phrases, or words of this section or the application thereof to any person, circumstance, or period of gestational age is found to be unenforceable, unconstitutional, or invalid by a court of competent jurisdiction, the same is hereby declared to be severable and the balance of the section shall remain effective notwithstanding such unenforceability, unconstitutionality, or invalidity. The general assembly hereby declares that it would have passed this section,

and each provision, subsection, sentence, clause, phrase, or word thereof, irrespective of the fact that any one or more provisions, subsections, sentences, clauses, phrases, or words of the section, or the application of the section to any person, circumstance, or period of gestational age, would be declared unenforceable, unconstitutional, or invalid.]

[188.057. 1. Notwithstanding any other provision of law to the contrary, no abortion shall be performed or induced upon a woman at fourteen weeks gestational age or later, except in cases of medical emergency. Any person who knowingly performs or induces an abortion of an unborn child in violation of this subsection shall be guilty of a class B felony, as well as subject to suspension or revocation of his or her professional license by his or her professional licensing board. A woman upon whom an abortion is performed or induced in violation of this subsection shall not be prosecuted for a conspiracy to violate the provisions of this section.

- 2. It shall be an affirmative defense for any person alleged to have violated the provisions of subsection 1 of this section that the person performed or induced an abortion because of a medical emergency. The defendant shall have the burden of persuasion that the defense is more probably true than not.
- 3. Prosecution under this section shall bar prosecution under section 188.056, 188.058, or 188.375 if prosecution under such sections would violate the provisions of Amendment V to the Constitution of the United States or Article I, Section 19 of the Constitution of Missouri.
- 4. If any one or more provisions, subsections, sentences, clauses, phrases, or words of this section or the application thereof to any person, circumstance, or period of gestational age is found to be unenforceable, unconstitutional, or invalid by a court of competent jurisdiction, the same is hereby declared to be severable and the balance of the section shall remain effective notwithstanding such unenforceability, unconstitutionality, or invalidity. The general assembly hereby declares that it would have passed this section, and each provision, subsection, sentence, clause, phrase, or word thereof, irrespective of the fact that any one or more provisions, subsections, sentences, clauses, phrases, or words of the section, or the application of the section to any person, circumstance, or period of gestational age, would be declared unenforceable, unconstitutional, or invalid.]

[188.058. 1. Notwithstanding any other provision of law to the contrary, no abortion shall be performed or induced upon a woman at eighteen weeks gestational age or later, except in cases of medical emergency. Any person who knowingly performs or induces an abortion of an unborn child in violation of this subsection shall be quilty of a class B felony, as well as subject to suspension or revocation of his or her professional license by his or her professional licensing board. A woman upon whom an abortion is performed or induced in violation of this section shall not be prosecuted for a conspiracy to violate the provisions of this section.

- 2. It shall be an affirmative defense for any person alleged to have violated the provisions of subsection 1 of this section that the person performed or induced an abortion because of a medical emergency. The defendant shall have the burden of persuasion that the defense is more probably true than not.
- 3. Prosecution under this section shall bar prosecution under section 188.056, 188.057, or 188.375 if prosecution under such sections would violate the provisions of Amendment V to the Constitution of the United States or Article I, Section 19 of the Constitution of Missouri.
- 4. If any one or more provisions, subsections, sentences, clauses, phrases, or words of this section or the application thereof to any person, circumstance, or period of gestational age is found to be unenforceable, unconstitutional, or invalid by a court of competent jurisdiction, the same is hereby declared to be severable and the balance of the section shall remain effective notwithstanding such unenforceability, unconstitutionality, or invalidity. The general assembly hereby declares that it would have passed this section, and each provision, subsection, sentence, clause, phrase, or word thereof, irrespective of the fact that any one or more provisions, subsections, sentences, clauses, phrases, or words of the section, or the application of the section to any person, circumstance, or period of gestational age, would be declared unenforceable, unconstitutional, or invalid.]
- [188.375. 1. This section shall be known and may be cited as the "Late-Term Pain-Capable Unborn Child Protection Act".
- 2. As used in this section, the phrase "late-term pain-capable unborn child" shall mean an unborn child at twenty weeks gestational age or later.

3. Notwithstanding any other provision of law to the contrary, no abortion shall be performed or induced upon a woman carrying a late-term pain-capable unborn child, except in cases of medical emergency. Any person who knowingly performs or induces an abortion of a late-term pain-capable unborn child in violation of this subsection shall be quilty of a class B felony, as well as subject to suspension or revocation of his or her professional license by his or her professional licensing board. A woman upon whom an abortion is performed or induced in violation of this subsection shall not be prosecuted for a conspiracy to violate the provisions of this subsection.

- 4. It shall be an affirmative defense for any person alleged to have violated the provisions of subsection 3 of this section that the person performed or induced an abortion because of a medical emergency. The defendant shall have the burden of persuasion that the defense is more probably true than not.
- 5. Prosecution under subsection 3 of this section shall bar prosecution under section 188.056, 188.057, or 188.058 if prosecution under such sections would violate the provisions of Amendment V to the Constitution of the United States or Article I, Section 19 of the Constitution of Missouri.
- When in cases of medical emergency a 6. physician performs or induces an abortion upon a woman in her third trimester carrying a lateterm pain-capable unborn child, the physician shall utilize the available method or technique of abortion most likely to preserve the life or health of the unborn child. In cases where the method or technique of abortion most likely to preserve the life or health of the unborn child would present a greater risk to the life or health of the woman than another legally permitted and available method or technique, the physician may utilize such other method or technique. In all cases where the physician performs or induces an abortion upon a woman during her third trimester carrying a late-term pain-capable unborn child, the physician shall certify in writing the available method or techniques considered and the reasons for choosing the method or technique employed.
- 7. When in cases of medical emergency a physician performs or induces an abortion upon a woman during her third trimester carrying a lateterm pain-capable unborn child, there shall be in attendance a physician other than the physician performing or inducing the abortion who shall take control of and provide immediate

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medical care for a child born as a result of the 64 65 abortion. 8. Any physician who knowingly violates 66 67 any of the provisions of subsection 6 or 7 of 68 this section shall be quilty of a class D 69 felony, as well as subject to suspension or 70 revocation of his or her professional license by 71 his or her professional licensing board. A woman upon whom an abortion is performed or 72 73 induced in violation of subsection 6 or 7 of 74 this section shall not be prosecuted for a 75 conspiracy to violate the provisions of those 76 subsections. 77 9. If any one or more provisions, 78 subsections, sentences, clauses, phrases, or 79 words of this section or the application thereof 80 to any person, circumstance, or period of 81 gestational age is found to be unenforceable, 82 unconstitutional, or invalid by a court of 83 competent jurisdiction, the same is hereby 84 declared to be severable and the balance of the 85 section shall remain effective notwithstanding 86 such unenforceability, unconstitutionality, or 87 invalidity. The general assembly hereby 88 declares that it would have passed this section, 89 and each provision, subsection, sentence, clause, phrase, or word thereof, irrespective of 90 the fact that any one or more provisions, 91 92 subsections, sentences, clauses, phrases, or words of the section, or the application of the 93 94 section to any person, circumstance, or period 95 of gestational age, would be declared 96 unenforceable, unconstitutional, or invalid.]

Section B. Because of the need to protect the health and safety of Missouri women, section A of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and section A of this act shall be in full

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force and effect upon its passage and approval.