

Senate Study Bill 3115 - Introduced

SENATE FILE _____
BY (PROPOSED COMMITTEE ON
JUDICIARY BILL BY CHAIRPERSON
SCHULTZ)

A BILL FOR

1 An Act relating to abortions including informed
2 consent, dispensing abortion-inducing drugs, and reporting
3 abortion-inducing drug complications.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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DIVISION I
INFORMED CONSENT

Section 1. Section 146A.1, Code 2026, is amended by adding the following new subsection:

NEW SUBSECTION. 1A. Prior to performing an abortion, a physician shall perform an in-person examination of the pregnant woman including screening for indicia of coercion or abuse. A physician shall, if necessary, refer the woman to an appropriate health care provider for treatment consistent with the examination results.

Sec. 2. Section 146A.1, subsection 6, Code 2026, is amended by adding the following new paragraphs:

NEW PARAGRAPH. 0a. "Abortion" means the same as defined in section 146B.1.

NEW PARAGRAPH. 00a. "Health care provider" means a person who is licensed, certified, or otherwise authorized or permitted by the laws of this state to administer health care in the ordinary course of business or in the practice of a profession.

NEW PARAGRAPH. 0b. "Physician" means the same as defined in section 146B.1.

Sec. 3. NEW SECTION. **146A.2 Dispensing abortion-inducing drugs — licensee discipline.**

1. As used in this section, unless the context otherwise requires:

a. "Abortion-inducing drug" means the same as defined in section 146F.1.

b. "Chemical abortion" means the same as defined in section 146F.1.

c. "Dispense" means the same as defined in section 146F.1.

d. "Medical emergency" means the same as defined in section 146A.1.

e. "Pregnant" or "pregnancy" means the human female reproductive condition of having a living unborn child within the pregnant woman's body throughout every stage of the unborn child's life and development, from fertilization to full

1 gestation and childbirth.

2 2. A physician shall do all of the following prior to
3 prescribing or dispensing an abortion-inducing drug to a pregnant
4 woman:

5 a. Obtain the signature of the woman on the United States
6 food and drug administration patient agreement form required for
7 each abortion-inducing drug authorized to be manufactured or sold
8 in the United States.

9 b. Obtain written confirmation from the woman that the woman
10 has been informed of all of the following information:

11 (1) The gestational age-specific risks of abortion-inducing
12 drugs.

13 (2) The risks related to the specific abortion-inducing drug
14 or drugs to be used, including hemorrhage, failure to remove
15 all tissue of the unborn child, sepsis, sterility, and possible
16 continuation of the pregnancy.

17 (3) That the United States federal food and drug
18 administration recommends that the pregnant woman follow up with
19 the woman's health care provider approximately seven to fourteen
20 calendar days after the administration of an abortion-inducing
21 drug to confirm complete termination of pregnancy has occurred
22 and to evaluate the degree of bleeding.

23 (4) That women using abortion-inducing drugs have suffered
24 trauma from seeing the remains of the unborn child in the process
25 of a chemical abortion.

26 (5) That it may be possible to reverse the intended effects
27 of a chemical abortion, but time is of the essence.

28 (6) That information on reversing the effects of a chemical
29 abortion is available on the department's internet site.

30 c. Advise the pregnant woman how to access emergency surgical
31 intervention in case of an incomplete abortion, severe bleeding,
32 or other medical complications.

33 3. Subsection 2 shall not apply to a chemical abortion
34 performed in a medical emergency.

35 4. This section shall not be construed to impose civil or

1 criminal liability on a woman upon whom a chemical abortion has
2 been performed.

3 5. A physician who fails to comply with this section is
4 subject to licensee discipline under chapter 148.

5 6. The board of medicine shall adopt rules pursuant to
6 chapter 17A to administer this section.

7 Sec. 4. NEW SECTION. **146A.3 Informational materials.**

8 1. As used in this section, "chemical abortion" means the
9 same as defined in section 146F.1.

10 2. The department shall publish on the department's internet
11 site, in an easily accessible location and format, all of the
12 following:

13 a. Notice that it may be possible to reverse the effects of a
14 chemical abortion.

15 b. Information and resources on reversing the effects of a
16 chemical abortion.

17 DIVISION II

18 DISPENSING AND REPORTING — ABORTION-INDUCING DRUGS

19 Sec. 5. NEW SECTION. **146F.1 Definitions.**

20 As used in this chapter, unless the context otherwise
21 requires:

22 1. "Abortion-inducing drug" means any of the following:

23 a. Mifepristone.

24 b. Misoprostol.

25 c. Any other drug, measure, or chemical approved by the
26 United States food and drug administration when prescribed
27 or administered with the intent to terminate the pregnancy
28 of a woman known to be pregnant. "Abortion-inducing drug"
29 includes off-label use of a drug known to have abortion-inducing
30 properties, which is prescribed with the intent of causing an
31 abortion. "Abortion-inducing drug" does not include drugs that
32 may be known to cause an abortion but that are prescribed for
33 other medical conditions.

34 2. "Abortion-inducing drug complication" means any physical
35 or psychological condition which, in the reasonable medical

1 judgment of a health care provider, may occur as a primary or
2 secondary result of the patient's use of abortion-inducing drugs
3 including but not limited to:

4 a. Uterine perforation.
5 b. Cervical laceration.
6 c. Infection.
7 d. Bleeding.
8 e. Vaginal bleeding that qualifies under the common toxicity
9 criteria established by the national cancer institute as a grade
10 2 or higher.

11 f. Pulmonary embolism.

12 g. Deep vein thrombosis.

13 h. Failure to actually terminate the pregnancy.

14 i. Incomplete abortion or retained tissue.

15 j. Pelvic inflammatory disease.

16 k. Endometritis.

17 l. Missed ectopic pregnancy.

18 m. Cardiac arrest.

19 n. Respiratory arrest.

20 o. Renal failure.

21 p. Shock.

22 q. Amniotic fluid embolism.

23 r. Coma.

24 s. Free fluid in the abdomen.

25 t. Allergic reactions to anesthesia and abortion-inducing
26 drugs.

27 u. Mood, anxiety, or trauma-related disorder symptoms as
28 described in the most recent diagnostic and statistical manual
29 of mental disorders published by the American psychiatric
30 association.

31 3. "Chemical abortion" means an abortion performed by the
32 administration or use of an abortion-inducing drug.

33 4. "Department" means the department of health and human
34 services.

35 5. "Dispense" means to distribute, administer, or send an

1 abortion-inducing drug to the ultimate user.

2 6. "Health care provider" means the same as defined in
3 section 146A.1.

4 7. "Health care setting" means a clinic, medical office, or
5 hospital.

6 8. "Hospital" means the same as defined in section 135B.1.

7 9. "Interested party" means any of the following persons:

8 a. A woman upon whom a chemical abortion was performed or
9 attempted.

10 b. The biological father of the unborn child who was aborted
11 or was attempted to be aborted through a chemical abortion.

12 c. A grandparent, parent, sibling, child, legal guardian,
13 or conservator of the woman upon whom a chemical abortion was
14 performed or was attempted.

15 10. "Medical emergency" means the same as defined in section
16 146A.1.

17 11. "Physician" means the same as defined in section 146B.1.

18 12. "Postfertilization age" means the same as defined in
19 section 146B.1.

20 13. "Pregnancy" or "pregnant" means the same as defined in
21 section 146A.2.

22 14. "Rural emergency hospital" means the same as defined in
23 section 135B.1.

24 Sec. 6. NEW SECTION. **146F.2 Dispensing of abortion-inducing**
25 **drugs — restrictions.**

26 1. A person shall not dispense an abortion-inducing drug in
27 this state unless all of the following criteria are met:

28 a. The drug is dispensed in a health care setting directly to
29 the woman prescribed the drug.

30 b. The person dispensing the drug is authorized to do so
31 pursuant to section 147.107.

32 2. Subsection 1 does not apply to the dispensing of an
33 abortion-inducing drug in response to a medical emergency.

34 Sec. 7. NEW SECTION. **146F.3 Abortion-inducing drug**
35 **complication — reporting.**

1 1. a. Within thirty calendar days of the date of discharge
2 or death of a woman who presented with or was treated for an
3 abortion-inducing drug complication, a hospital, rural emergency
4 hospital, or an attending physician shall file a report with
5 the department. The report shall be in a form prescribed by
6 the department and include a list of the most common abortion
7 complications and the most recent international classification of
8 diseases code as maintained by the world health organization for
9 each. The report must be completed and signed by the woman's
10 attending physician and contain all of the following information:

11 (1) The age of the woman who presented with or was treated
12 for an abortion-inducing drug complication.

13 (2) The state and county of residence of the woman who
14 presented with or was treated for an abortion-inducing drug
15 complication.

16 (3) The date the abortion-inducing drug was used by the
17 woman.

18 (4) The probable postfertilization age of the unborn child on
19 the date of the abortion-inducing drug complication.

20 (5) The identity of the physician who performed the chemical
21 abortion, the facility where the chemical abortion was performed,
22 and the referring physician, agency, or service, if any.

23 (6) The specific complication or complications that led to
24 the treatment and the most recent international classification of
25 diseases code for each complication as maintained by the world
26 health organization, if applicable.

27 b. A report shall not contain the name of the woman or
28 other information or identifiers that would make it possible to
29 identify the woman who suffered the reported abortion-inducing
30 drug complication.

31 2. A report filed pursuant to subsection 1 shall be
32 confidential and not subject to disclosure under chapter 22.

33 3. a. On or before December 31, 2026, and every calendar
34 year thereafter, the department shall prepare a comprehensive
35 statistical report based upon the aggregated data gathered from

1 reports filed pursuant to subsection 1 for the immediately
2 preceding calendar year. The aggregated data shall be anonymized
3 to prevent public disclosure of either of the following:

4 (1) The hospital, rural emergency hospital, or attending
5 physician that filed a report.

6 (2) The woman about whom a report was filed.

7 b. The anonymized aggregated data shall be made available to
8 the public by the department in a downloadable format on the
9 department's internet site.

10 Sec. 8. NEW SECTION. **146F.4 Private cause of action —**
11 **strict liability.**

12 1. A person who dispenses an abortion-inducing drug in
13 violation of this chapter shall be strictly liable to any
14 interested party for all damages caused by the abortion-inducing
15 drug.

16 2. In addition to compensatory or punitive damages, a
17 prevailing plaintiff who brings an action under this section is
18 entitled to all of the following:

19 a. Statutory damages in the amount of fifty thousand dollars.

20 b. Court costs.

21 c. Reasonable attorney fees.

22 3. In an action brought under this section, the name and
23 other identifying characteristics of a woman who sought or
24 obtained an abortion-inducing drug shall be redacted without a
25 court order from all pleadings and documents filed in the action.
26 The court may make further orders as necessary to protect the
27 identity and privacy of the woman who sought or obtained an
28 abortion-inducing drug.

29 4. This section shall not be construed to impose civil or
30 criminal liability on a woman upon whom a chemical abortion is
31 performed.

32 Sec. 9. NEW SECTION. **146F.5 Licensee discipline.**

33 A licensee who fails to comply with this chapter is subject to
34 licensee discipline under chapter 148.

35 DIVISION III

1 ABORTION-RELATED PROVISIONS

2 Sec. 10. Section 144.29A, subsection 1, paragraph k, Code
3 2026, is amended to read as follows:

4 k. The method used for an induced termination, including
5 whether mifepristone or misoprostol was used.

6 Sec. 11. Section 144.29A, subsection 1, Code 2026, is amended
7 by adding the following new paragraph:

8 NEW PARAGRAPH. l. If a spontaneous termination of pregnancy,
9 whether the patient ingested mifepristone or misoprostol within
10 fourteen calendar days prior to the date of the spontaneous
11 termination of pregnancy.

12 Sec. 12. Section 144.29A, subsection 7, paragraph c, Code
13 2026, is amended to read as follows:

14 c. "Spontaneous termination of pregnancy", commonly known as
15 a miscarriage, means the occurrence of an unintended termination
16 of pregnancy at any time during the period from conception to
17 twenty weeks gestation and which is not a spontaneous termination
18 of pregnancy at any time during the period from twenty weeks
19 or greater which is reported to the department as a fetal death
20 under this chapter.

21 Sec. 13. Section 146B.1, subsection 1, Code 2026, is amended
22 to read as follows:

23 1. "Abortion" means the termination of a human pregnancy with
24 the intent other than to produce a live birth or to remove a dead
25 fetus. "Abortion" does not include a spontaneous termination
26 of pregnancy, commonly known as a miscarriage, if not all the
27 products of conception are expelled.

28 EXPLANATION

29 The inclusion of this explanation does not constitute agreement with
30 the explanation's substance by the members of the general assembly.

31 This bill relates to abortions, including informed
32 consent, dispensing of abortion-inducing drugs, and reporting
33 abortion-inducing drug complications.

34 DIVISION I — INFORMED CONSENT. Under the bill, a physician,
35 prior to performing or attempting to perform an abortion, is

1 required to perform an in-person examination of the woman seeking
2 an abortion, including screening for indicia of coercion or
3 abuse; if necessary, the physician shall make a referral to an
4 appropriate health care provider consistent with the examination
5 results.

6 The bill requires a physician, prior to prescribing or
7 dispensing an abortion-inducing drug, to do all of the following:
8 have the woman being prescribed or dispensed the drug sign a
9 patient agreement form, obtain written confirmation that the
10 physician has informed the woman of specific health and safety
11 information related to abortion-inducing drugs as detailed in
12 the bill, and advise the pregnant woman how to access emergency
13 surgical intervention in cases of an incomplete abortion, severe
14 bleeding, or other medical complications. The bill specifies
15 that these requirements shall not apply to a chemical abortion
16 performed in response to a medical emergency. The bill provides
17 that the prohibition on dispensing of abortion-inducing drugs
18 shall not be construed to impose civil or criminal liability
19 on a woman upon whom a chemical abortion has been performed.
20 Under the bill, a physician who fails to comply with the informed
21 consent requirements is subject to licensee discipline. The
22 bill requires the board of medicine to adopt rules to administer
23 this division of the bill. The bill defines "abortion-inducing
24 drug", "chemical abortion", "dispense", "medical emergency", and
25 "pregnant" or "pregnancy".

26 The bill requires the department of health and human services
27 (HHS) to publish on HHS's internet site notice that it may be
28 possible to reverse the effects of a chemical abortion, and
29 information and resources on reversing the effects of a chemical
30 abortion.

31 DIVISION II — DISPENSING AND REPORTING —
32 ABORTION-INDUCING DRUGS. The bill defines "abortion-inducing
33 drug", "abortion-inducing drug complication", "chemical
34 abortion", "dispense", "interested party", "medical emergency",
35 "physician", "postfertilization age", and "rural emergency

1 hospital".

2 The bill prohibits a person from dispensing an
3 abortion-inducing drug in this state unless the drug is dispensed
4 in a health care setting directly to the woman prescribed the
5 drug, and the person dispensing the drug is authorized to do so
6 pursuant to Code section 147.107 (drug dispensing, supplying, and
7 prescribing — limitations). These requirements do not apply to
8 a medical emergency.

9 The bill requires a hospital, rural emergency hospital, or
10 the attending physician to file a report with HHS using a
11 prescribed form within 30 days of discharge or death of a
12 woman who presented with or was treated for an abortion-inducing
13 drug complication. The form must be signed and completed
14 by the attending physician and contain the age of the woman
15 experiencing the abortion-inducing drug complication, the woman's
16 state and county of residence, the date the abortion-inducing
17 drug was used by the woman, and the probable postfertilization
18 age of the unborn child at the time of the abortion-inducing
19 drug complication. The report must identify the physician who
20 performed the chemical abortion, the facility where the chemical
21 abortion was performed, the referring physician, agency, or
22 service, if any, and the specific complication or complications
23 that led to the treatment performed along with the most recent
24 international classification of diseases code for each, if
25 applicable. The report shall be confidential and not subject to
26 disclosure under Code chapter 22 (open records).

27 The bill also requires HHS to prepare annually on or
28 before December 31 a comprehensive statistical report based
29 upon the aggregated data gathered from the reports filed on
30 abortion-inducing drug complications. Under the bill, the data
31 gathered by HHS must be anonymized to prevent public disclosure
32 of either the physician or hospital that filed a report, or the
33 woman about whom a report is filed. HHS is required to make the
34 anonymized data publicly available in a downloadable format on
35 its internet site.

1 This division of the bill creates a private cause of action
2 against any person who dispenses an abortion-inducing drug in
3 violation of this division of the bill for all damages caused
4 by the abortion-inducing drug suffered by a woman upon whom a
5 chemical abortion was performed or was attempted; the biological
6 father of the unborn child who was or was attempted to be
7 aborted through a chemical abortion; or the grandparent, parent,
8 sibling, child, legal guardian, or conservator of the woman upon
9 whom a chemical abortion was performed or was attempted. A
10 prevailing plaintiff in an action brought under this division
11 of the bill, in addition to compensatory and punitive damages,
12 is entitled to statutory damages in the amount of \$50,000,
13 court costs, and reasonable attorney fees. In an action
14 brought under this division of the bill, the name and other
15 identifying characteristics of a woman who sought or obtained
16 an abortion-inducing drug shall be redacted from all pleadings
17 and documents filed in the action without a court order, and
18 the court may make further orders as necessary to protect the
19 identity and privacy of the woman who sought or obtained an
20 abortion-inducing drug. This division of the bill is not to be
21 construed to impose civil or criminal liability upon a woman upon
22 whom a chemical abortion is performed.

23 Under the bill, a licensee that fails to comply with this
24 division of the bill is subject to licensee discipline.

25 DIVISION III — ABORTION-RELATED PROVISIONS. The bill amends
26 Code section 144.29A (termination of pregnancy reporting —
27 legislative intent) to require a health care provider that
28 diagnoses or induces a spontaneous termination of pregnancy
29 to include in the required report to HHS if mifepristone or
30 misoprostol was used to induce a spontaneous termination of
31 pregnancy. Current law requires the health care provider to
32 only disclose if mifepristone was used to induce a spontaneous
33 termination of pregnancy. The bill also requires the health care
34 provider to disclose whether mifepristone or misoprostol were
35 ingested by the patient within 14 days prior to the spontaneous

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1 termination of pregnancy. The bill excludes a spontaneous
2 termination from the definition of abortion for the purpose of
3 the reporting requirements and penalties on abortions under Code
4 chapter 146B (abortion — postfertilization age).

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