

House File 2563 - Introduced

HOUSE FILE 2563
BY COMMITTEE ON HEALTH AND
HUMAN SERVICES

(SUCCESSOR TO HSB 704)

A BILL FOR

1 An Act relating to abortions including informed consent,
2 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

ABORTION — DEFINED

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

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

DIVISION II

INFORMED CONSENT

Sec. 2. 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. 3. 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. 4. 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

1 section 146F.1.

2 *b.* "Chemical abortion" means the same as defined in section
3 146F.1.

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

5 *d.* "Medical emergency" means the same as defined in section
6 146A.1.

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

12 2. A physician who is performing or attempting to perform
13 a chemical abortion shall do all of the following prior to
14 prescribing or dispensing an abortion-inducing drug to a
15 pregnant woman:

16 *a.* Obtain the signature of the woman on the United States
17 food and drug administration patient agreement form required
18 for each abortion-inducing drug authorized to be manufactured
19 or sold in the United States.

20 *b.* Obtain written confirmation from the woman that the woman
21 has been informed of all of the following information:

22 (1) The gestational age-specific risks of abortion-inducing
23 drugs.

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

28 (3) That the United States federal food and drug
29 administration recommends that the pregnant woman follow up
30 with the woman's health care provider approximately seven
31 to fourteen calendar days after the administration of an
32 abortion-inducing drug to confirm complete termination of
33 pregnancy has occurred and to evaluate the degree of bleeding.

34 (4) That women using abortion-inducing drugs have suffered
35 trauma from seeing the remains of the unborn child in the

1 process of a chemical abortion.

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

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

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

9 3. Subsection 2 shall not apply to a chemical abortion
10 performed in a medical emergency.

11 4. This section shall not be construed to impose civil or
12 criminal liability on a woman upon whom a chemical abortion has
13 been performed.

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

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

18 Sec. 5. NEW SECTION. 146A.3 **Informational materials.**

19 1. As used in this section, "*chemical abortion*" means the
20 same as defined in section 146F.1.

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

24 a. Notice that it may be possible to reverse the effects of
25 a chemical abortion.

26 b. Information and resources on reversing the effects of a
27 chemical abortion.

28 DIVISION III

29 DISPENSING AND REPORTING — ABORTION-INDUCING DRUGS

30 Sec. 6. NEW SECTION. 146F.1 **Definitions.**

31 As used in this chapter, unless the context otherwise
32 requires:

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

34 a. Mifepristone.

35 b. Misoprostol.

1 *c.* Any other drug, measure, or chemical approved by the
2 United States food and drug administration when prescribed or
3 administered with the intent to terminate the pregnancy of a
4 woman known to be pregnant. "*Abortion-inducing drug*" includes
5 off-label use of a drug known to have abortion-inducing
6 properties, which is prescribed with the intent of causing an
7 abortion. "*Abortion-inducing drug*" does not include drugs that
8 may be known to cause an abortion but that are prescribed for
9 other medical conditions.

10 2. "*Abortion-inducing drug complication*" means any physical
11 or psychological condition which, in the reasonable medical
12 judgment of a health care provider, may occur as a primary or
13 secondary result of the patient's use of abortion-inducing
14 drugs including but not limited to:

15 *a.* Uterine rupture, bleeding, or hemorrhage.

16 *b.* Failure to actually terminate the pregnancy.

17 *c.* Incomplete abortion or retained tissue.

18 *d.* Missed ectopic pregnancy.

19 *e.* Infection.

20 *f.* Sepsis.

21 3. "*Chemical abortion*" means an abortion performed by the
22 administration or use of an abortion-inducing drug.

23 4. "*Department*" means the department of health and human
24 services.

25 5. "*Dispense*" means to distribute, administer, or send an
26 abortion-inducing drug to the ultimate user.

27 6. "*Health care provider*" means the same as defined in
28 section 146A.1.

29 7. "*Health care setting*" means a pharmacy, clinic, medical
30 office, or hospital.

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

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

33 *a.* A woman upon whom a chemical abortion was performed or
34 attempted.

35 *b.* The personal representative of a woman upon whom a

1 chemical abortion was performed or attempted.

2 10. "*Medical emergency*" means the same as defined in section
3 146A.1.

4 11. "*Personal representative*" means an administrator or
5 an executor, or if there is no such personal representative
6 appointed, then a person legally authorized to perform
7 substantially the same functions.

8 12. "*Physician*" means the same as defined in section 146B.1.

9 13. "*Postfertilization age*" means the same as defined in
10 section 146B.1.

11 14. "*Pregnancy*" or "*pregnant*" means the same as defined in
12 section 146A.2.

13 15. "*Rural emergency hospital*" means the same as defined in
14 section 135B.1.

15 Sec. 7. NEW SECTION. 146F.2 **Dispensing of abortion-inducing**
16 **drugs — restrictions.**

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

19 a. The drug is dispensed in a health care setting directly
20 to the woman prescribed the drug.

21 b. The person dispensing the drug is authorized to do so
22 pursuant to section 147.107.

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

25 Sec. 8. NEW SECTION. 146F.3 **Abortion-inducing drug**
26 **complication — reporting.**

27 1. a. Within thirty calendar days of the date of discharge
28 or death of a woman who presented with or was treated for
29 an abortion-inducing drug complication, a hospital, rural
30 emergency hospital, or an attending physician shall file a
31 report with the department. The report shall be in a form
32 prescribed by the department and include a list of the most
33 common abortion complications and the most recent international
34 classification of diseases code as maintained by the world
35 health organization for each. The report must be completed and

1 signed by the woman's attending physician and contain all of
2 the following information:

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

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

8 (3) The date the abortion-inducing drug was used by the
9 woman.

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

12 (5) The identity of the physician who performed the
13 chemical abortion, the facility where the chemical abortion was
14 performed, and the referring physician, agency, or service, if
15 any.

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

20 *b.* A report shall not contain the name of the woman or
21 other information or identifiers that would make it possible to
22 identify the woman who suffered the reported abortion-inducing
23 drug complication.

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

26 3. *a.* On or before December 31, 2026, and every calendar
27 year thereafter, the department shall prepare a comprehensive
28 statistical report based upon the aggregated data gathered from
29 reports filed pursuant to subsection 1 for the immediately
30 preceding calendar year. The aggregated data shall be
31 anonymized to prevent public disclosure of either of the
32 following:

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

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

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

20 The bill requires the department of health and human
21 services (HHS) to publish on HHS's internet site notice that it
22 may be possible to reverse the effects of a chemical abortion,
23 and information and resources on reversing the effects of a
24 chemical abortion.

25 DIVISION III — DISPENSING AND REPORTING —
26 ABORTION-INDUCING DRUGS. The bill defines "abortion-inducing
27 drug", "abortion-inducing drug complication", "chemical
28 abortion", "dispense", "health care setting", "interested
29 party", "medical emergency", "physician", "postfertilization
30 age", and "rural emergency hospital".

31 The bill prohibits a person from dispensing an
32 abortion-inducing drug in this state unless the drug is
33 dispensed in a health care setting directly to the woman
34 prescribed the drug, and the person dispensing the drug is
35 authorized to do so pursuant to Code section 147.107 (drug

1 dispensing, supplying, and prescribing — limitations). These
2 requirements do not apply to a medical emergency.

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

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

31 This division of the bill imposes civil liabilities on any
32 person who dispenses an abortion-inducing drug in violation
33 of this division of the bill for all damages caused by the
34 abortion-inducing drug suffered by a woman upon whom a chemical
35 abortion was performed or was attempted or the personal

1 representative of the woman upon whom a chemical abortion was
2 performed or was attempted. A licensed pharmacist or physician
3 is immune from civil liability. The bill defines "personal
4 representative" as an administrator or an executor, or if there
5 is no such personal representative appointed, then a person
6 legally authorized to perform substantially the same functions.
7 A prevailing plaintiff in an action brought under this division
8 of the bill, in addition to compensatory and punitive damages,
9 is entitled to court costs and reasonable attorney fees. In
10 an action brought under this division of the bill, the name
11 and other identifying characteristics of a woman who sought or
12 obtained an abortion-inducing drug shall be redacted from all
13 pleadings and documents filed in the action without a court
14 order, and the court may make further orders as necessary to
15 protect the identity and privacy of the woman who sought or
16 obtained an abortion-inducing drug. This division of the bill
17 is not to be construed to impose civil or criminal liability
18 upon a woman upon whom a chemical abortion is performed.

19 Under the bill, a licensed pharmacist or physician that
20 fails to comply with this division of the bill is subject to
21 licensee discipline.

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