It is a class A misdemeanor punishable, notwithstanding the provisions of section 550.021, RSMo, to the contrary, for a term of imprisonment not to exceed one year in the county jail or a fine not to exceed ten thousand dollars or both, for anyone to sign any referendum petition with any name other than his or her own, or knowingly to sign his or her name more than once for the same measure for the same election, or to sign a petition when such person knows he or she is not a registered voter.

To the Honorable John R. Ashcroft, Secretary of State for the state of Missouri:
We, the undersigned, registered voters of the state of Missouri and __________ County (or city of St. Louis), respectfully order that Senate Substitute for Senate Committee Substitute for House Bill No. 120, entitled "An Act To repeal sections 135.630, 188.010, 188.015, 188.027, 188.028, 188.043, and 188.052, RSMo, and to enact in lieu thereof seventeen new sections relating to abortion, with penalty provisions, a contingent effective date for a certain section, and an emergency clause for a certain section," passed by the 100th general assembly of the state of Missouri, at the first regular session of the 100th general assembly, shall be referred to the voters of the state of Missouri, for their approval or rejection, at the general election to be held on the 3rd day of November, 2020, and each of us hereby says: I have personally signed this petition; I am a registered voter of the state of Missouri and __________ County (or city of St. Louis); my registered voting address and the name of the city, town or village in which I live are correctly written after my name.

[OFFICIAL BALLOT TITLE]

STATE OF MISSOURI, COUNTY OF ________________, I, ________________, being first duly sworn, say (print names of signers)

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Signed this page of the foregoing petition, and each of them signed by his or her name thereto in my presence; I believe that each has stated his or her name, registered voting address and city, town or village correctly, and that each signer is a registered voter of the state of Missouri and __________ County (or city of St. Louis). FURTHERMORE, I HEREBY SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT ALL STATEMENTS MADE BY ME ARE TRUE AND CORRECT AND THAT I HAVE NEVER BEEN CONVICTED OF, FOUND GUILTY OF, OR PLEAD GUILTY TO ANY OFFENSE INVOLVING FRAUD. I am at least 18 years of age. I do ___ do ___ (check one) expect to be paid for circulating this petition. If paid, list the payee:

Signature of Affiant (Person obtaining signatures) ____________________________

Street Address of Affiant ____________________________

Subscribed and sworn to before me this ______ day of __________, 20___, A.D.

(Printed Name of Affiant) ____________________________

City, State and Zip Code of Affiant ____________________________

Signature of Notary ____________________________

Address of Notary ____________________________

(Seal)
AN ACT

To repeal sections 135.630, 188.010, 188.015, 188.027, 188.028, 188.043, and 188.052, RSMo, and to enact in lieu thereof seventeen new sections relating to abortion, with penalty provisions, a contingent effective date for a certain section, and an emergency clause for a certain section.

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

Section A. Sections 135.630, 188.010, 188.015, 188.027, 188.028, 188.043, and 188.052, RSMo, are repealed and seventeen new sections enacted in lieu thereof, to be known as sections 135.630, 188.010, 188.015, 188.017, 188.018, 188.026, 188.027, 188.028, 188.033, 188.038, 188.043, 188.044, 188.052, 188.056, 188.057, 188.058, and 188.375, to read as follows:

135.630. 1. As used in this section, the following terms mean:

2. (1) "Contribution", a donation of cash, stock, bonds, or other marketable securities, or real property;
3. (2) "Director", the director of the department of social services;
4. (3) "Pregnancy resource center", a nonresidential facility located in this state;
5. (4) Established and operating primarily to provide assistance to women and families
6. with crisis pregnancies or unplanned pregnancies by offering pregnancy testing, counseling, emotional and material support, and other similar services or by offering services as described

EXPLANATION— Matter enclosed in bold-faced brackets [ ] in the above bill is not enacted and is intended to be stricken from the bill. Matter in bold-faced type in the above bill is proposed language.
an amount equal to seventy percent of the amount such taxpayer contributed to a
pregnancy resource center.

5. The amount of the tax credit claimed shall not exceed the amount of the taxpayer’s
state tax liability for the tax year for which the credit is claimed, and such taxpayer shall not be
allowed to claim a tax credit in excess of fifty thousand dollars per tax year. However, any tax
credit that cannot be claimed in the tax year the contribution was made may be carried over only
to the next succeeding tax year. No tax credit issued under this section shall be assigned,
transferred, or sold.

4. Except for any excess credit which is carried over pursuant to subsection 3 of this
section, a taxpayer shall not be allowed to claim a tax credit unless the total amount of such
taxpayer’s contributions or contributions to a pregnancy resource center or centers in such
taxpayer’s tax year is equal to at least one hundred dollars.

5. The director shall determine, at least annually, which facilities in this state may be
classified as pregnancy resource centers. The director may require of a facility seeking to be
classified as a pregnancy resource center whatever information which is reasonably necessary
to make such a determination. The director shall classify a facility as a pregnancy resource
center if such facility meets the definition set forth in subsection 1 of this section.

6. The director shall establish a procedure by which a taxpayer can determine if a facility
has been classified as a pregnancy resource center. Pregnancy resource centers shall be permitted
to declare a contribution from a taxpayer. The cumulative amount of tax credits which may be
claimed by all the taxpayers contributing to pregnancy resource centers in any one fiscal year
shall not exceed two million dollars for all fiscal years ending on or before June 30, 2014, and
two million five hundred thousand dollars for all fiscal years beginning on or after July 1, 2014,
and ending on or before June 30, 2019, and three million five hundred thousand dollars for all
fiscal years beginning on or after July 1, 2019, and ending on or before June 30, 2021. For all
fiscal years beginning on or after July 1, 2021, there shall be no limit imposed on the
cumulative amount of tax credits that may be claimed by all taxpayers contributing to
pregnancy resource centers under the provisions of this section. Tax credits shall be issued
in the order contributions are received. If the amount of tax credits redeemed in a fiscal year is
less than the cumulative amount authorized under this subsection, the difference shall be carried
over to the subsequent fiscal year or years and shall be added to the cumulative amount of tax
credits that may be authorized in that fiscal year or years.

7. For all fiscal years ending on or before June 30, 2021, the director shall establish
a procedure by which, from the beginning of the fiscal year until some point in time later in the
fiscal year to be determined by the director, the cumulative amount of tax credits are equally
apportioned among all facilities classified as pregnancy resource centers. If a pregnancy resource
center fails to use all, or some percentage to be determined by the director, of its apportioned tax
credits during the predetermined period of time, the director may re-apportion those unused tax
credits to those pregnancy resource centers that have used all, or some percentage to be
determined by the director, of their apportioned tax credits during this predetermined period of
time. The director may establish no more than one period of time and re-apportion more than once
during each fiscal year. To the maximum extent possible, the director shall establish the
procedure described in this subsection in such a manner as to ensure that taxpayers can claim all
the tax credits possible up to the cumulative amount of tax credits available for the fiscal year.

8. Each pregnancy resource center shall provide information to the director concerning
the identity of each taxpayer making a contribution to the pregnancy resource center who is
claiming a tax credit pursuant to this section and the amount of the contribution. The director
shall provide the information to the director of revenue. The director shall be subject to the
confidentiality and penalty provisions of section 32.057 relating to the disclosure of tax
information.

9. [Under section 23.253 of the Missouri sunset act:]

(1) The provisions of the program authorized under this section shall automatically
sunset on December thirty-first six years after August 28, 2018, unless reauthorized by an act of the
general assembly;

(2) If such program is reauthorized, the program authorized under this section shall
automatically sunset on December thirty-first six years after the effective date of the
reauthorization of this section;

(3) The section shall terminate on September first of the calendar year immediately
following the calendar year in which a program authorized under this section is sunset; and

(4) The provisions of this subsection shall not be construed to limit or in any way impair
the department’s ability to issue tax credits authorized under or before the date the program
authorized under this section expires or a taxpayer’s ability to redeem such tax credits. The
provisions of section 23.253 shall not apply to this section.

188.010 In recognition that Almighty God is the author of life, that all men and
women are “endowed by their Creator with certain inalienable Rights, that among these
are Life”, and that article 1, section 2 of the Constitution of Missouri provides that all
persons have a natural right to life, it is the intention of the general assembly of the state of
Missouri to [grant];

(1) Define the right to life [as] of all human beings, born and unborn, and [to];

(2) Declare that the state and all of its political subdivisions are a “sanctuary of
life” that protects pregnant women and their unborn children; and
Regulate abortion to the fullest extent permitted by the Constitution of the United States, decisions of the United States Supreme Court, and federal statutes.

188.015. As used in this chapter, the following terms mean:

(1) "Abortion":
(a) The act of using or prescribing any instrument, device, medicine, drug, or any other means or substance with the intent to destroy the life of an embryo or fetus in his or her mother's womb; or
(b) The intentional termination of the pregnancy of a mother by using or prescribing any instrument, device, medicine, drug, or other means or substance with an intention other than to increase the probability of a live birth or to remove a dead or dying unborn child;

(2) "Abortion facility": A clinic, physician's office, or any other place or facility in which abortions are performed or induced other than a hospital;

(3) "Conception": The fertilization of the ovum of a female by a sperm of a male;

(4) "Department": The department of health and senior services;

(5) "Down Syndrome": The same meaning as defined in section 191.92;

(6) "Gestational age": Length of pregnancy as measured from the first day of the woman's last menstrual period;

(7) "Medical emergency": A condition which, based on reasonable medical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate abortion of her pregnancy to avert the death of the pregnant woman or for which a delay will create a serious risk of substantial and irreversible physical impairment of a major bodily function of the pregnant woman;

(8) "Physician": Any person licensed to practice medicine in this state by the state board of registration for the healing arts;

(9) "Reasonable medical judgment": A medical judgment that would be made by a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved;

(10) "Unborn child": The offspring of human beings from the moment of conception until birth and at every stage of its biological development, including the human conceptus, zygote, morula, blastocyst, embryo, and fetus;

(11) "Viability": That stage of fetal development when the life of the unborn child may be continued indefinitely outside the womb by natural or artificial life-supportive systems;

(12) "Viable pregnancy": The stage of pregnancy in which an unborn child may be carried to term, at which time he or she has a reasonable possibility of surviving outside the womb with or without medical intervention.

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(b) The intentional termination of the pregnancy of a mother by using or prescribing any instrument, device, medicine, drug, or other means or substance with an intention other than to increase the probability of a live birth or to remove a dead or dying unborn child;

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(11) "Viability": That stage of fetal development when the life of the unborn child may be continued indefinitely outside the womb by natural or artificial life-supportive systems;

(12) "Viable pregnancy": The stage of pregnancy in which an unborn child may be carried to term, at which time he or she has a reasonable possibility of surviving outside the womb with or without medical intervention.
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
repeat 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 "[t]he infant
Interwoven 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);

(5) In Webster v. Reproductive Health 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 plenary 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, 309 S.W.2d 727 (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;

(10) The Supreme Court in Roe discussed “the difficult question of when life
begins” and wrote: “[p]rofessionals 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, viability of pregnancy or viable intrauterine pregnancy during the first
term 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. The 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 definite
point of ascertainable viability than the ambiguous concept of viability that has been
adopted by the Supreme Court, especially since, if a heartbeat is detected at right 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.
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;

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 by 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;

Missouri law identifies the presence of circulation, respiration, and brain function as indices 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;

Unborn children at eight weeks gestational age show spontaneous movements, such as twisting of the trunk and elevating limbs. It has been reported that unborn children at this stage show reflex responses to touch. The perineal 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;

Peripheral cutaneous sensory receptors, the receptors that feel pain, develop early in the unborn child. They appear in the perineal 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;

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;

When intrauterine needling is performed on an unborn child at sixteen weeks gestational 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;

By sixteen weeks gestational age, pain transmission from a peripheral receptor to the cortex is possible in the unborn child;

Physicians provide anesthesia during in utero treatment of unborn children as early as sixteen weeks gestational age for certain procedures, including those to correct fetal urinary tract obstruction. Anesthesia is administered by ultrasound-guided injection into the arm or leg of the unborn child;

A leading textbook on prenatal development of the human brain states, “It may be concluded that, although no perception (the actual perception of pain) awaits the appearance of consciousness, nociception (the experience of pain) is present some time before birth. In the absence of disproof, it is merely prudent to assume that pain can be experienced even early in prenatal life. (Dr. J. Wiener, Zürich): the fetus should be given the benefit of the doubt.”; Roman O’Reilly & Fabiusi Malikie. The Embryonic Human Brain: An Atlas of Developmental Stages (4th ed 2005);

By fourteen or fifteen weeks gestational age or later, the predominant abortion method in Missouri is dilution and evacuation (D & E). The D & E abortion method includes the dismemberment, disarticulation, and exsanguination of the unborn child causing the unborn child’s death;

The Supreme Court acknowledged in Gonzales v. Carhart, 550 U.S. 124, 160 (2007), that “the standard D & E is in some respects as brutal, if not more, than the intact D & E partial birth abortion method banned by Congress and upheld as facially constitutional by the Supreme Court, even though the federal ban was applicable both before and after viability and had no exception for the health of the mother;

Missouri’s ban on the partial birth abortion method, section 565.300, is in effect because of Gonzales v. Carhart and the Supreme Court’s subsequent decision in Gonzales v. Nifong, Public Health Services of the St. Louis Region, Inc., 550 U.S. 901 (2007), to vacate and remand to the appellate court the prior invalidation of section 565.300. Since section 565.300, like Congress’ ban on partial birth abortion, is applicable both before and after viability, there is ample precedent for the general assembly to constitutionally prohibit the brutal D & E abortion method at fourteen weeks gestational age or later, even before the unborn child is viable, with a medical emergency exception;

In Roper v. Simmons, 543 U.S. 551 (2005), the Supreme Court determined that “‘evolving standards of decency’” dictates that “a Missouri statute abridging the death penalty for 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’”;

In Planned Parenthood v. Casey, 505 U.S. 839 (1992), the Supreme Court noted that “[t]he ‘abortion’ in question is the dismemberment and quartering ‘readily qualified as...
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 chapter 273 and 578.

(30) In Reider, 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". Reider, 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.

(34) In addition to the short-term risks 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 gestational 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 of 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;

(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 twenty-four 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 154, 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 erode 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 iniquities in state laws by permitting some unborn children to be killed by abortion, while requiring that unborn children be protected in non-abortion circumstances through, including, but not limited to, homicide, assault, self-defense, and defense of another statute; 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.

188.027. 1. Except in the cases of medical emergency, no abortion shall be performed or induced on a woman without her voluntary and informed consent, given freely and without coercion. Consent to an abortion is voluntary and informed and given freely and without coercion if, and only if, at least seventy-two hours prior to the abortion:

(1) The physician who is to perform or induce the abortion, a qualified professional, or the referring physician has informed the woman orally, reduced to writing, and in person, of the following:

(a) The name of the physician who will perform or induce the abortion;

(b) Medically accurate information that a reasonable patient would consider material to the decision of whether or not to undergo the abortion, including:

a. A description of the proposed abortion method;

b. The immediate and long-term medical risks to the woman associated with the proposed abortion method including, but not limited to, infection, hemorrhage, cervical tear or uterine perforation, harm to subsequent pregnancies or the ability to carry a subsequent child to term, and possible adverse psychological effects associated with the abortion; and

c. The immediate and long-term medical risks to the woman, in light of the anesthesia and medication that is to be administered, the unborn child's gestational age, and the woman's medical history and medical condition;

(c) Alternatives to the abortion which shall include making the woman aware that information and materials shall be provided to her detailing such alternatives to the abortion;
(d) A statement that the physician performing or inducing the abortion is available for any questions concerning the abortion, together with the telephone number that the physician may be later reached to answer any questions that the woman may have;

(e) The location of the hospital that offers obstetrical or gynecological care located within thirty miles of the location where the abortion is performed or induced and at which the physician performing or inducing the abortion has clinical privileges and where the woman may receive follow-up care by the physician if complications arise;

(f) The gestational age of the unborn child at the time the abortion is to be performed or induced; and

(g) The anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed or induced;

(2) The physician who is to perform or induce the abortion or a qualified professional has presented the woman, in person, printed materials provided by the department, which describes the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from conception to full term, including color photographs or images of the developing unborn child at two-week gestational increments. Such descriptions shall include information about brain and heart function, the presence of external members and internal organs during the applicable stages of development and information on when the unborn child is viable. The printed materials shall prominently display the following statement: "The life of each human being begins at conception. Abortion will terminate the life of a separate, unique, living human being."

(3) The physician who is to perform or induce the abortion, a qualified professional, or the referring physician has presented the woman, in person, printed materials provided by the department, which describes the various surgical and drug-induced methods of abortion relevant to the stage of pregnancy, as well as the immediate and long-term medical risks commonly associated with each abortion method, including, but not limited to, infection, hemorrhage, cervical tear or uterine perforation, harm to subsequent pregnancies or the ability to carry a subsequent child to term, and the possible adverse psychological effects associated with an abortion;

(4) The physician who is to perform or induce the abortion or a qualified professional shall provide the woman with the opportunity to view at least twenty-four hours prior to the abortion an active ultrasound of the unborn child and hear the heartbeat of the unborn child if the heartbeat is audible. The woman shall be provided with a geographically indexed list maintained by the department of health care providers, facilities, and clinics that perform ultrasounds, including those that offer ultrasound services free of charge. Such materials shall provide contact information for each provider, facility, or clinic including telephone numbers and, if available, website addresses. Should the woman decide to obtain an ultrasound from a provider, facility, or clinic other than the abortion facility, the woman shall be offered a reasonable time to obtain the ultrasound examination before the date and time set for performing or inducing an abortion. The person conducting the ultrasound shall ensure that the active ultrasound image is of a quality consistent with standard medical practice in the community, contains the dimensions of the unborn child, and accurately portrays the presence of external members and internal organs, if present or viewable, of the unborn child. The ascertainment of fetal heart tone must also be of a quality consistent with standard medical practice in the community. If the woman chooses to view the ultrasound or hear the heartbeat or both at the abortion facility, the viewing or hearing or both shall be provided to her at the abortion facility at least seventy-two hours prior to the abortion being performed or induced;

(5) Prior to an abortion being performed or induced on an unborn child of twenty-two weeks gestational age or older, the physician who is to perform or induce the abortion or a qualified professional has presented the woman, in person, printed materials provided by the department that offer information on the possibility of the abortion causing pain to the unborn child. The information shall include, but need not be limited to, the following:

(a) At least twenty-two weeks of gestational age, the unborn child possesses all the anatomical structures, including pain receptors, spinal cord, nerve tracts, thalami, and cortex that are necessary in order to feel pain;

(b) A description of the actual steps in the abortion procedure to be performed or induced, and at which steps the abortion procedure could cause pain to the unborn child;

(c) There is evidence that by twenty-two weeks of gestational age, unborn children seek to evade certain stimuli in a manner that in an infant or an adult would be interpreted as a response to pain;

(d) Anesthesia is given to unborn children who are twenty-two weeks or more gestational age who undergo prenatal surgery;

(e) Anesthesia is given to premature children who are twenty-two weeks or more gestational age who undergo surgery;

(f) Anesthesia or an analgesic is available in order to minimize or alleviate the pain to the unborn child. The printed materials provided by the department shall include information on the possibility of an abortion causing pain in the unborn child. This information shall include, but need not be limited to, the following:

(a) Unborn children as early as eight weeks gestational age start to show spontaneous movements and unborn children at this stage in pregnancy show reflex responses to touch.
(b) In the unborn child, the area around his or her mouth and lips is the first part of the unborn child's body to respond to touch and by fourteen weeks gestational age most of the unborn child's body is responsive to touch. 

c. Pain receptors on the unborn child's skin develop around his or her mouth at around seven to eight weeks gestational age, around the palms of his or her hands at ten to ten and a half weeks, on the abdominal wall at fifteen weeks, and over all of his or her body at sixteen weeks gestational age. 

d. The beginning at sixteen weeks gestational age and later, it is possible for pain to be transmitted from receptors to the cortex of the unborn child's brain, where thinking and perceiving occur. 

e. When a physician performs a life-saving surgery, he or she provides anesthesia to unborn children as young as sixteen weeks gestational age in order to alleviate the unborn child's pain. 

(f) A description of the actual steps in the abortion procedure to be performed or induced and at which steps the abortion procedure could be painful to the unborn child. 

(g) The physician who is to perform or induce the abortion or a qualified professional has presented the woman, in person, printed materials provided by the department explaining to the woman alternatives to abortion she may wish to consider. Such materials shall: 

a. Identify on a geographical basis public and private agencies available to assist a woman in carrying her unborn child to term; and to assist her in caring for her dependent child or placing her child for adoption, including agencies commonly known and generally referred to as pregnancy resource centers, crisis pregnancy centers, maternity homes, and adoption agencies. 

b. Provide a comprehensive list by geographical area of the agencies, a description of the services they offer, and the telephone numbers and addresses of the agencies; 

(c) Identify the state website for the Missouri alternatives to abortion services program under section 188.325, and any toll-free number established by the state operated in conjunction with the program; 

(d) Prominently display the statement: "There are public and private agencies willing and able to help you carry your child to term, and to assist you and your child after your child is born, whether you choose to keep your child or place him or her for adoption. The state of Missouri encourages you to contact those agencies before making a final decision about abortion. 

State law requires that your physician or a qualified professional give you the opportunity to call agencies like these before you undergo an abortion.

(7) The physician who is to perform or induce the abortion or a qualified professional has presented the woman, in person, printed materials provided by the department explaining that the father of the unborn child is liable to assist in the support of the child, even in instances where he has offered to pay for the abortion. Such materials shall include information on the legal duties and support obligations of the father of a child, including, but not limited to, child support payments, and the fact that paternity may be established by the father's name on a birth certificate or statement of paternity, or by court action. Such printed materials shall also state that more information concerning paternity establishment and child support services and enforcement may be obtained by calling the family support division within the Missouri department of social services; and

(8) The physician who is to perform or induce the abortion or a qualified professional shall inform the woman that she is free to withhold or withdraw her consent to the abortion at any time without affecting her right to future care or treatment and without the loss of any state or federally funded benefits to which she might otherwise be entitled. 

2. All information required to be provided to a woman considering abortion by subsection 1 of this section shall be presented to the woman individually, in the physical presence of the woman and in a private room, to protect her privacy, to maintain the confidentiality of her decision, to ensure that the information focuses on her individual circumstances, to ensure she has an adequate opportunity to ask questions, and to ensure that she is not a victim of coerced abortion. Should a woman be unable to read materials provided to her, they shall be read to her. Should a woman need an interpreter to understand the information presented in the written materials, an interpreter shall be provided to her. Should a woman ask questions concerning any of the information or materials, answers shall be provided in a language she can understand.

3. No abortion shall be performed or induced unless and until the woman upon whom the abortion is to be performed or induced certifies in writing on a checklist form provided by the department that she has been presented all the information required in subsection 1 of this...
section, that she has been provided the opportunity to view an active ultrasound image of the unborn child and hear the heartbeat of the unborn child if it is audible, and that she further certifies that she gives her voluntary and informed consent, freely and without coercion, to the abortion procedure.

4. No abortion shall be performed or induced on an unborn child of twenty-one weeks gestational age or older unless and until the woman upon whom the abortion is to be performed or induced has been provided the opportunity to choose to have an anesthetic or analgesic administered to eliminate or alleviate pain to the unborn child caused by the particular method of abortion to be performed or induced. The administration of anesthetic or analgesic shall be performed in a manner consistent with standard medical practice in the community.

5. No physician shall perform or induce an abortion unless and until the physician has obtained from the woman her voluntary and informed consent given freely and without coercion.

If the physician has reason to believe that the woman is being coerced into having an abortion, the physician or qualified professional shall inform the woman that services are available for her and shall provide her with private access to a telephone and information about such services, including but not limited to the following:

(a) [Repeal crisis centers, as defined in section 455.002;]

(b) Shelters for victims of domestic violence, as defined in section 455.200; and

(c) Orders of protection, pursuant to chapter 455.

[545. The physician who is to perform or induce the abortion shall, at least seventy-two hours prior to such procedure, inform the woman orally and in person of:

(1) The immediate and long-term medical risks to the woman associated with the proposed abortion method including, but not limited to, infection, hemorrhage, cervical tear or uterine perforation, harm to subsequent pregnancies or the ability to carry a subsequent child to term, and possible adverse psychological effects associated with the abortion and

(2) The immediate and long-term medical risks to the woman, in light of the anesthesia and medication that is to be administered, the unborn child’s gestational age, and the woman’s medical history and medical conditions.

[74] No physician shall perform or induce an abortion unless and until the physician has received and signed a copy of the form prescribed in subsection 3 of this section. The physician shall retain a copy of the form in the patient's medical record.

In the event of a medical emergency [as provided by section 188.034], the physician who performed or induced the abortion shall clearly certify in writing the nature and circumstances of the medical emergency. This certification shall be signed by the physician who performed or induced the abortion, and shall be maintained under section 188.060.

[545] No person or entity shall require, obtain, or accept payment for an abortion from or on behalf of a patient until at least seventy-two hours have passed since the time that the information required by subsection 1 of this section has been provided to the patient. Nothing in this subsection shall prohibit a person or entity from notifying the patient that payment for the abortion will be required after the seventy-two-hour period has expired if she voluntarily chooses to have the abortion.

[104] The term "qualified professional" as used in this section shall refer to a physician, a physician assistant, a registered nurse, a licensed practical nurse, a psychologist, a licensed professional counselor, or a licensed social worker, licensed or registered under chapter 334, 335, or 337, acting under the supervision of the physician performing or inducing the abortion, and acting within the course and scope of his or her authority provided by law. The provisions of this section shall not be construed to in any way expand the authority otherwise provided by law relating to the licensure, registration, or scope of practice of any such qualified professional.

[141] By November 30, 2010, the department shall produce the written materials and forms described in this section. All written materials produced shall be printed in a typeface large enough to be clearly legible. All information shall be presented in an objective, unbiased manner designed to convey only accurate scientific and medical information. The department shall furnish the written materials and forms at no cost and in sufficient quantity to any person who performs or induces abortions, or to any hospital or facility that provides abortions. The department shall make all information required by subsection 1 of this section available to the public through its department website. The department shall maintain a toll-free, twenty-four-hour hotline telephone number where a caller can obtain information on a regional basis concerning the agencies and services described in subsection 1 of this section. No identifying information regarding persons who use the website shall be collected or maintained.

The department shall monitor the website on a regular basis to prevent tampering and correct any operational deficiencies.

[142] In order to preserve the compelling interest of the state to ensure that the choice to consent to an abortion is voluntary and informed, and given freely and without coercion, the department shall use the procedures for adoption of emergency rules under section 536.025 in order to promulgate all necessary rules, forms, and other necessary material to implement this section by November 30, 2010.

[143] If the provisions in subsection 1 and [545] of this section requiring a seventy-two-hour waiting period for an abortion are ever temporarily or permanently restrained or enjoined by judicial order, then the waiting period for an abortion shall be twenty-four hours; provided, however, that if such temporary or permanent restraining order or injunction is stayed...
or dissolved, or otherwise ceases to have effect, the waiting period for an abortion shall be seventy-two hours.

188.028. 1. Except in the case of a medical emergency, no person shall knowingly perform or induce an abortion upon a pregnant woman under the age of eighteen years unless:

(a) The attending physician has secured the informed written consent of the minor and one parent or guardian, and the consenting parent or guardian of the minor has notified any other custodial parent in writing prior to the securing of the informed written consent of the minor and one parent or guardian. For purposes of this subdivision, "custodial parent" shall only mean a parent of a minor who has been awarded joint legal custody or joint physical custody of such minor by a court of competent jurisdiction. Notice shall not be required for any parent;

(b) Who has been found guilty of any offense in violation of chapter 565, relating to offenses against persons; chapter 566, relating to sexual offenses; chapter 567, relating to prostitution; chapter 568, relating to offenses against the family; or chapter 573, related to pornography and related offenses, if a child was a victim;

(c) Who has been found guilty of any offense in any other state or foreign country, or under federal, tribal, or military jurisdiction if a child was a victim, which would be a violation of chapters 565, 566, 567, 568, or 573 if committed in this state;

(d) Who is listed on the sexual offender registry under sections 589.400 to 589.425;

(e) Against whom an order of protection has been issued, including a foreign order of protection given full faith and credit in this state under section 485.067;

(f) Whose custodial, parental, or guardianship rights have been terminated by a court of competent jurisdiction;

(g) Whose whereabouts are unknown after reasonable inquiry, who is a fugitive from justice, who is habitually in an intoxicated or drugged condition, or who has been declared mentally incompetent or incapacitated by a court of competent jurisdiction; or

2. The right of a minor to self-consent to an abortion under subdivision (2) of subdivision 1 of this section or court consent under subdivision (4) of subdivision 1 of this section may be granted by a court pursuant to the following procedures:

(a) The minor or next friend shall make an application to the juvenile court which shall assist the minor or next friend in preparing the petition and notices required pursuant to this section. The minor or the next friend of the minor shall thereafter file a petition setting forth the facts of the minor, the age of the minor, her name and addresses of each parent, guardian, or

(b) If the minor's parents are deceased and no guardian has been appointed, any other person standing as legal parent of the minor, that the minor has been fully informed of the risks and consequences of the abortion, that the minor is of sound mind and has sufficient intellectual capacity to consent to the abortion; that, if the court does not grant the minor majority rights for the purpose of consent to the abortion, the court shall find that the abortion is in the best interest of the minor and give judicial consent to the abortion; that the court should appoint a guardian ad litem of the child, and if the minor does not have private counsel, that the court should appoint counsel. The petition shall be signed by the minor or the next friend;

(c) A hearing on the merits of the petition, to be held on the record, shall be held as soon as possible within five days of the filing of the petition. If any party is unable to afford counsel, the court shall appoint counsel at least twenty-four hours before the time of the hearing. At the hearing, the court shall hear evidence relating to the emotional development, maturity, intellect and understanding of the minor, the nature, possible consequences, and alternatives to the abortion; and any other evidence that the court may find useful in determining whether the minor should be granted majority rights for the purpose of consents to the abortion or whether the abortion is in the best interests of the minor;

(d) In the decree, the court shall for good cause:

(a) Grant the petition for majority rights for the purpose of consenting to the abortion; or

(b) Find the abortion to be in the interests of the minor and give judicial consent to the abortion, setting forth the grounds for so finding; or

(c) Deny the petition setting forth the grounds on which the petition is denied;

(d) If the minor has been granted consent to the abortion by court order, the court shall give its informed written consent in accordance with subsection 2 of this section, and the minor shall have the abortion willingly, in compliance with subsection 3 of this section.
5. An appeal from an order issued under the provisions of this section may be taken to
the court of appeals of this state by the minor or by a parent or guardian of the minor. The notice
of intent to appeal shall be given within twenty-four hours from the date of issuance of the order.
The record on appeal shall be completed and the appeal shall be perfected within five days from
the filing of notice to appeal. Because time may be of the essence regarding the performance or
induction of the abortion, the supreme court of this state shall, by court rule, provide for
expected appellate review of cases appealed under this section.

3. If a minor desires an abortion, then she shall be fully informed of and, if possible,
sign the written consent required by section 188.050 under this chapter in the same manner
as an adult person. No abortion shall be performed or induced on any minor against her will,
except that an abortion may be performed or induced against the will of a minor pursuant to a
court order entered in subdivision 4 of subdivision 1 of this section that the abortion is
necessary to preserve the life of the minor.

188.033. Whenever an abortion facility or a family planning agency located in this
state, or any of its agents or employees acting within the scope of his or her authority or
agents or employees, provides to a woman considering an abortion the name, address, telephone
car or website of an abortion provider that is located outside of the state, such
abortion facility or family planning agency or its agents or employees shall also provide to
the woman the printed materials produced by the department under section 188.027. If
the name, address, telephone number, or website of such abortion provider is not provided
to such woman in person, such printed materials shall be offered to her, and if she chooses,
sent to such woman at no cost to her the same day or as soon as possible either
electronically or by U.S. mail overnight delivery service or by other overnight or same-day
delivery service to an address of such woman's choosing. The department shall furnish
such printed materials at no cost and in sufficient quantities to abortion facilities and
family planning agencies located within the state.

188.036. 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 all 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 misconceptions surrounding 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 a 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 a 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 males and females and the same opportunities for
boys and girls, and further 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
victimized 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 avoided, 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 professional who performs or induces an attempt 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, section 188.065 and 188.085.

188.043. 1. No person shall perform or induce an abortion on another unless such person has [proof of medical malpractice insurance with coverage amounts
of at least five hundred thousand dollars] one million dollars per occurrence and three
million dollars in the annual aggregate.

2. For the purpose of this section, "medical malpractice insurance" means insurance
coverage against the legal liability of the insured and against loss, damage, or expense incident
to a claim arising out of the death or injury of any person as a result of the negligence or
malpractice in rendering professional services by any health care provider.
3. No abortion facility or hospital shall employ or engage the services of a person to perform [one-or-more-abortion] or induce an abortion on another if the person does not have [proof of] medical malpractice insurance pursuant to this section, except that the abortion facility or hospital may provide medical malpractice insurance for the services of persons employed or engaged by such facility or hospital which is no less than the coverage amounts set forth in this section.

4. Notwithstanding the provisions of section 334.100, failure of a person to maintain the medical malpractice insurance required by this section shall be an additional ground for sanctioning of a person's license, certificate, or permit.

188.044. 1. When a drug or chemical, or combination thereof, used by a person to induce an abortion carries a warning from its manufacturer or distributor, a peer-reviewed medical journal article, or a Food and Drug Administration label that its use may cause birth defects, disability, or other injury in a child who survives the abortion, then in addition to the requirements of section 188.043, such person shall also carry tail insurance with coverage amounts of at least one million dollars per occurrence and three million dollars in the annual aggregate for personal injury to or death of a child who survives such abortion. Such policy shall be maintained in force or be in effect for a period of twenty-one years after the person used the drug or chemical, or combination thereof, to induce the abortion.

2. For the purpose of this section, "tail insurance" means insurance which covers the legal liability of the insured once a medical malpractice insurance policy is cancelled, not renewed, or terminated, and covers claims made after such cancellation or termination for acts occurring during the period the prior medical malpractice insurance was in effect.

3. No abortion facility or hospital shall employ or engage the services of a person to induce an abortion on another using any drug or chemical, or combination thereof, which may cause birth defects, disability, or other injury in a child who survives the abortion if the person does not have tail insurance pursuant to this section, except that the abortion facility or hospital may provide tail insurance for the services of persons employed or engaged by such facility or hospital which is no less than the coverage amounts and duration set forth in this section.

4. Notwithstanding the provisions of section 334.100 to the contrary, failure of a person to maintain the tail insurance required by this section shall be an additional ground for sanctioning of a person's license, certificate, or permit.

188.052. 1. An individual abortion report for each abortion performed or induced upon a woman shall be completed by [the attending] the physician who performed or induced the abortion. Abortion reports shall include, but not be limited to, a certification that the physician does not have any knowledge that the woman sought the abortion solely because of a prenatal diagnosis, test, or screening indicating Down Syndrome or the potential of Down Syndrome 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.

2. An individual complication report for any post-abortion care performed upon a woman shall be completed by the physician providing such post-abortion care. This report shall include:
   (1) The date of the abortion;
   (2) The name and address of the abortion facility or hospital where the abortion was performed or induced;
   (3) The nature of the abortion complication diagnosed or treated.

3. All abortion reports shall be signed by the attending physician[,] who performed or induced the abortion and submitted to the [state] department of [health and senior services] within forty-five days from the date of the abortion. All complication reports shall be signed by the physician providing the post-abortion care and submitted to the department of [health and senior services] 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 [state] department of [health and senior services] 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.

188.056. 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 earlier, 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 probable true than not.

3. Prosecution under this section shall bar prosecution under sections 188.057, 188.058, or 188.275 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 sections 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
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 committed 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 sections 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 1, section 19 of the Constitution of Missouri.

6. When in cases of medical emergency a physician performs or induces an abortion upon a woman in her third trimester carrying a late-term 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 late-term 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 medical care for a child born as a result of the abortion.

8. Any person who knowingly violates any of the provisions of subsections 6 or 7 of this section shall be guilty of a class D 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 subsections 6 or 7 of this section shall not be prosecuted for a conspiracy to violate the provisions of those subsections.

9. 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, 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.

Section B. The enactment of section 188.017 of this act shall only become effective upon notification to the governor of Missouri of a proclamation 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 (1971), restoring or granting to the state of Missouri the authority to regulate abortion to the extent set forth in section 188.017, and that as a result, it is reasonably probable that section 188.017 of this act 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 section 188.017; 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 section 188.017.

Section C. Because of the need to protect the health and safety of women and their children, both born and unborn, the repeal and reenactment of section 188.028 of this act is deemed necessary for the immediate preservation of the public health, welfare, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the repeal and reenactment of section 188.028 of this act shall be in full force and effect upon its passage and approval.

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