As Introduced

132nd General Assembly

Regular Session 2017-2018

S. B. No. 28

Senator Uecker

Cosponsors: Senators Obhof, Huffman, Hottinger, Hite, Eklund, LaRose, Coley, Hoagland

A BILL

То	amend sections 2317.56, 3701.341, and 3701.79	1
	and to enact sections 3726.01, 3726.02, 3726.03,	2
	3726.04, 3726.041, 3726.042, 3726.05, 3726.09,	3
	3726.10, 3726.11, 3726.12, 3726.13, 3726.14,	4
	3726.15, 3726.16, 3726.95, 3726.99, and 4717.271	5
	of the Revised Code regarding final disposition	6
	of fetal remains from surgical abortions.	7

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 2317.56, 3701.341, and 3701.79 be	8
amended and sections 3726.01, 3726.02, 3726.03, 3726.04,	9
3726.041, 3726.042, 3726.05, 3726.09, 3726.10, 3726.11, 3726.12,	10
3726.13, 3726.14, 3726.15, 3726.16, 3726.95, 3726.99, and	11
4717.271 of the Revised Code be enacted to read as follows:	12
Sec. 2317.56. (A) As used in this section:	13
(1) "Medical emergency" has the same meaning as in section	14
2919.16 of the Revised Code.	15
(2) "Medical necessity" means a medical condition of a	16
pregnant woman that, in the reasonable judgment of the physician	17

who is attending the woman, so complicates the pregnancy that it	18
necessitates the immediate performance or inducement of an	19
abortion.	20
(3) "Probable gestational age of the zygote, blastocyte,	21
embryo_ or fetus" means the gestational age that, in the	22
judgment of a physician, is, with reasonable probability, the	23
gestational age of the zygote , blastocyte , embryo , or fetus at	24
the time that the physician informs a pregnant woman pursuant to	25
division (B)(1)(b) of this section.	26
(B) Except when there is a medical emergency or medical	27
necessity, an abortion shall be performed or induced only if all	28
of the following conditions are satisfied:	29
(1) At least twenty-four hours prior to the performance or	30
inducement of the abortion, a physician meets with the pregnant	31
woman in person in an individual, private setting and gives her	32
an adequate opportunity to ask questions about the abortion that	33
will be performed or induced. At this meeting, the physician	34
shall inform the pregnant woman, verbally or, if she is hearing	35
impaired, by other means of communication, of all of the	36
following:	37
(a) The nature and purpose of the particular abortion	38
procedure to be used and the medical risks associated with that	39
procedure;	40
(b) The probable gestational age of the zygote,	41
<pre>blastocyte, embryo, or fetus;</pre>	42
(c) The medical risks associated with the pregnant woman	43
carrying the pregnancy to term.	44
The meeting need not occur at the facility where the	45
abortion is to be performed or induced, and the physician	46

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involved in the meeting need not be affiliated with that	47
facility or with the physician who is scheduled to perform or	48
induce the abortion.	49
(2) At least twenty-four hours prior to the performance or	50
inducement of the abortion, the physician who is to perform or	51
induce the abortion or the physician's agent does each of the	52
following in person, by telephone, by certified mail, return	53
receipt requested, or by regular mail evidenced by a certificate	54
of mailing:	55
(a) Inform the pregnant woman of the name of the physician	56
who is scheduled to perform or induce the abortion;	57
(b) Give the pregnant woman copies of the published	58
materials described in division (C) of this section;	59
(c) Inform the pregnant woman that the materials given	60
pursuant to division (B)(2)(b) of this section are published by	61
the state and that they describe the zygote , blastocyte , embryo ,	62
or fetus and list agencies that offer alternatives to abortion.	63
The pregnant woman may choose to examine or not to examine the	64
materials. A physician or an agent of a physician may choose to	65
be disassociated from the materials and may choose to comment or	66
not comment on the materials.	67
(3) If it has been determined that the unborn human	68
individual the pregnant woman is carrying has a detectable	69
heartbeat, the physician who is to perform or induce the	70
abortion shall comply with the informed consent requirements in	71
section 2919.192 of the Revised Code in addition to complying	72
with the informed consent requirements in divisions (B)(1), (2),	73
(4), and (5) of this section.	74
(4) Prior to the performance or inducement of the	75

abortion, the pregnant woman signs a form consenting to the	76
abortion and certifies both all of the following on that form:	77
(a) She has received the information and materials	78
described in divisions (B)(1) and (2) of this section, and her	79
questions about the abortion that will be performed or induced	80
have been answered in a satisfactory manner.	81
(b) She consents to the particular abortion voluntarily,	82
knowingly, intelligently, and without coercion by any person,	83
and she is not under the influence of any drug of abuse or	84
alcohol.	85
(c) If the abortion will be performed or induced	86
surgically and she desires to exercise the rights under section	87
3726.03 of the Revised Code, she has completed the disposition	88
determination under section 3726.04 or 3726.041 of the Revised	89
Code.	90
A form shall be completed for each zygote, blastocyte,	91
embryo, or fetus to be aborted. If a pregnant woman is carrying	92
more than one zygote, blastocyte, embryo, or fetus, she shall	93
sign a form for each zygote, blastocyte, embryo, or fetus to be	94
aborted.	95
The form shall contain the name and contact information of	96
the physician who provided to the pregnant woman the information	97
described in division (B)(1) of this section.	98
(5) Prior to the performance or inducement of the	99
abortion, the physician who is scheduled to perform or induce	100
the abortion or the physician's agent receives a copy of the	101
pregnant woman's signed form on which she consents to the	102
abortion and that includes the certification required by	103
division (B)(4) of this section.	104

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(C) The department of health shall publish in English and	105
in Spanish, in a typeface large enough to be clearly legible,	106
and in an easily comprehensible format, the following materials	107
on the department's web site:	108

- (1) Materials that inform the pregnant woman about family 109 planning information, of publicly funded agencies that are 110 available to assist in family planning, and of public and 111 private agencies and services that are available to assist her 112 through the pregnancy, upon childbirth, and while the child is 113 dependent, including, but not limited to, adoption agencies. The 114 materials shall be geographically indexed; include a 115 comprehensive list of the available agencies, a description of 116 the services offered by the agencies, and the telephone numbers 117 and addresses of the agencies; and inform the pregnant woman 118 about available medical assistance benefits for prenatal care, 119 childbirth, and neonatal care and about the support obligations 120 of the father of a child who is born alive. The department shall 121 ensure that the materials described in division (C)(1) of this 122 section are comprehensive and do not directly or indirectly 123 promote, exclude, or discourage the use of any agency or service 124 described in this division. 125
- 126 (2) Materials that inform the pregnant woman of the probable anatomical and physiological characteristics of the 127 zygote, blastocyte, embryo, or fetus at two-week gestational 128 increments for the first sixteen weeks of pregnancy and at four-129 week gestational increments from the seventeenth week of 130 pregnancy to full term, including any relevant information 131 regarding the time at which the fetus possibly would be viable. 132 The department shall cause these materials to be published only 133 after it consults with the Ohio state medical association and 134 the Ohio section of the American college of obstetricians and 135

gynecologists relative to the probable anatomical and	136
physiological characteristics of a zygote, blastocyte, embryo,	137
or fetus at the various gestational increments. The materials	138
shall use language that is understandable by the average person	139
who is not medically trained, shall be objective and	140
nonjudgmental, and shall include only accurate scientific	141
information about the zygote, blastocyte, embryo, or fetus at	142
the various gestational increments. If the materials use a	143
pictorial, photographic, or other depiction to provide	144
information regarding the zygote, blastocyte, embryo, or fetus,	145
the materials shall include, in a conspicuous manner, a scale or	146
other explanation that is understandable by the average person	147
and that can be used to determine the actual size of the zygote,	148
blastocyte, embryo, or fetus at a particular gestational	149
increment as contrasted with the depicted size of the zygote,	150
blastocyte, embryo, or fetus at that gestational increment.	151
(D) Upon the submission of a request to the department of	152
health by any person, hospital, physician, or medical facility	153
for one copy of the materials published in accordance with	154
division (C) of this section, the department shall make the	155
requested copy of the materials available to the person,	156
hospital, physician, or medical facility that requested the	157
copy.	158
(E) If a medical emergency or medical necessity compels	159
the performance or inducement of an abortion, the physician who	160
will perform or induce the abortion, prior to its performance or	161
inducement if possible, shall inform the pregnant woman of the	162
medical indications supporting the physician's judgment that an	163

immediate abortion is necessary. Any physician who performs or

conditions specified in division (B) of this section because of

induces an abortion without the prior satisfaction of the

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a medical emergency or medical necessity shall enter the reasons	167
for the conclusion that a medical emergency or medical necessity	168
exists in the medical record of the pregnant woman.	169
(F) If the conditions specified in division (B) of this	170
section are satisfied, consent to an abortion shall be presumed	171
to be valid and effective.	172
(G) The performance or inducement of an abortion without	173
the prior satisfaction of the conditions specified in division	174
(B) of this section does not constitute, and shall not be	175
construed as constituting, a violation of division (A) of	176
section 2919.12 of the Revised Code. The failure of a physician	177
to satisfy the conditions of division (B) of this section prior	178
to performing or inducing an abortion upon a pregnant woman may	179
be the basis of both of the following:	180
(1) A civil action for compensatory and exemplary damages	181
as described in division (H) of this section;	182
(2) Disciplinary action under section 4731.22 of the	183
Revised Code.	184
(H)(1) Subject to divisions (H)(2) and (3) of this	185
section, any physician who performs or induces an abortion with	186
actual knowledge that the conditions specified in division (B)	187
of this section have not been satisfied or with a heedless	188
indifference as to whether those conditions have been satisfied	189
is liable in compensatory and exemplary damages in a civil	190
action to any person, or the representative of the estate of any	191
person, who sustains injury, death, or loss to person or	192
property as a result of the failure to satisfy those conditions.	193
In the civil action, the court additionally may enter any	194
injunctive or other equitable relief that it considers	195

appropriate.	196
(2) The following shall be affirmative defenses in a civil	197
action authorized by division (H)(1) of this section:	198
(a) The physician performed or induced the abortion under	199
the circumstances described in division (E) of this section.	200
(b) The physician made a good faith effort to satisfy the	201
conditions specified in division (B) of this section.	202
(3) An employer or other principal is not liable in	203
damages in a civil action authorized by division (H)(1) of this	204
section on the basis of the doctrine of respondeat superior	205
unless either of the following applies:	206
(a) The employer or other principal had actual knowledge	207
or, by the exercise of reasonable diligence, should have known	208
that an employee or agent performed or induced an abortion with	209
actual knowledge that the conditions specified in division (B)	210
of this section had not been satisfied or with a heedless	211
indifference as to whether those conditions had been satisfied.	212
(b) The employer or other principal negligently failed to	213
secure the compliance of an employee or agent with division (B)	214
of this section.	215
(4) Notwithstanding division (E) of section 2919.12 of the	216
Revised Code, the civil action authorized by division (H)(1) of	217
this section shall be the exclusive civil remedy for persons, or	218
the representatives of estates of persons, who allegedly sustain	219
injury, death, or loss to person or property as a result of a	220
failure to satisfy the conditions specified in division (B) of	221
this section.	222
(I) The department of job and family services shall	223

prepare and conduct a public information program to inform women	224
of all available governmental programs and agencies that provide	225
services or assistance for family planning, prenatal care, child	226
care, or alternatives to abortion.	227
Sec. 3701.341. (A) The director of health, pursuant to	228
Chapter 119. and consistent with <u>Chapter 3726. and section</u>	229
2317.56 of the Revised Code, shall adopt rules relating to	230
abortions and the following subjects:	231
	201
(1) Post-abortion procedures to protect the health of the	232
pregnant woman;	233
(2) Pathological reports;	234
(3) Humane disposition of the product of human conception;	235
(4) Counseling.	236
(B) The director of health shall implement the rules and	237
shall apply to the court of common pleas for temporary or	238
permanent injunctions restraining a violation or threatened	239
violation of the rules. This action is an additional remedy not	240
dependent on the adequacy of the remedy at law.	241
Sec. 3701.79. (A) As used in this section:	242
(1) "Abortion" has the same meaning as in section 2919.11	243
of the Revised Code.	244
(2) "Abortion report" means a form completed pursuant to	245
division (C) of this section.	246
(3) "Ambulatory surgical facility" has the same meaning as	247
in section 3702.30 of the Revised Code.	248
(4) "Department" means the department of health.	249
(5) "Hospital" means any building, structure, institution,	250

or place devoted primarily to the maintenance and operation of	251
facilities for the diagnosis, treatment, and medical or surgical	252
care for three or more unrelated individuals suffering from	253
illness, disease, injury, or deformity, and regularly making	254
available at least clinical laboratory services, diagnostic x-	255
ray services, treatment facilities for surgery or obstetrical	256
care, or other definitive medical treatment. "Hospital" does not	257
include a "home" as defined in section 3721.01 of the Revised	258
Code.	259
(6) "Physician's office" means an office or portion of an	260
office that is used to provide medical or surgical services to	261
the physician's patients. "Physician's office" does not mean an	262
ambulatory surgical facility, a hospital, or a hospital	263
emergency department.	264
(7) "Postabortion care" means care given after the uterus	265
has been evacuated by abortion.	266
(B) The department shall be responsible for collecting and	267
collating abortion data reported to the department as required	268
by this section.	269
(C) The attending physician shall complete an individual	270
abortion report for each the abortion <u>of each zygote,</u>	271
blastocyte, embryo, or fetus the physician performs upon a	272
woman. The report shall be confidential and shall not contain	273
the woman's name. The report shall include, but is not limited	274
to, all of the following, insofar as the patient makes the data	275
available that is not within the physician's knowledge:	276
(1) Patient number;	277
(2) The name and address of the facility in which the	278

abortion was performed, and whether the facility is a hospital,

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ambulatory surgical facility, physician's office, or other facility;	280 281
(3) The date of the abortion;	282
(4) If a surgical abortion, the method of final disposition of the fetal remains under Chapter 3726. of the Revised Code;	283 284 285
(5) All of the following regarding the woman on whom the abortion was performed:	286 287
(a) Zip code of residence;	288
(b) Age;	289
(c) Race;	290
(d) Marital status;	291
(e) Number of previous pregnancies;	292
(f) Years of education;	293
(g) Number of living children;	294
(h) Number of <u>zygotes</u> , <u>blastocytes</u> , <u>embryos</u> , <u>or fetuses</u>	295
previously—induced abortions aborted;	296
(i) Date of last induced abortion;	297
(j) Date of last live birth;	298
(k) Method of contraception at the time of conception;	299
(1) Date of the first day of the last menstrual period;	300
(m) Medical condition at the time of the abortion;	301
(n) Rh-type;	302

(o) The number of weeks of gestation at the time of the 303

abortion.	304
(5) (6) The type of abortion procedure performed;	305
(6) (7) Complications by type;	306
$\frac{(7)-(8)}{(8)}$ Type of procedure performed after the abortion;	307
(8) (9) Type of family planning recommended;	308
(9) (10) Type of additional counseling given;	309
$\frac{(10)}{(11)}$ Signature of attending physician.	310
(D) The physician who completed the abortion report under	311
division (C) of this section shall submit the abortion report to	312
the department within fifteen days after the woman is	313
discharged.	314
(E) The appropriate vital records report or certificate	315
shall be made out after the twentieth week of gestation.	316
(F) A copy of the abortion report shall be made part of	317
the medical record of the patient of the facility in which the	318
abortion was performed.	319
(G) Each hospital shall file monthly and annual reports	320
listing the total number of women who have undergone a post-	321
twelve-week-gestation abortion and received postabortion care.	322
The annual report shall be filed following the conclusion of the	323
state's fiscal year. Each report shall be filed within thirty	324
days after the end of the applicable reporting period.	325
(H) Each case in which a physician treats a post abortion	326
complication shall be reported on a postabortion complication	327
form. The report shall be made upon a form prescribed by the	328
department, shall be signed by the attending physician, and	329
shall be confidential.	330

(I)(1) Not later than the first day of October of each	331
year, the department shall issue an annual report of the	332
abortion data reported to the department for the previous	333
calendar year as required by this section. The annual report	334
shall include at least the following information:	335
(a) The total number of induced abortionszygotes,	336
blastocytes, embryos, or fetuses that were aborted;	337
(b) The number of abortions performed on Ohio and out-of-	338
state residents;	339
(c) The number of abortions performed, sorted by each of	340
the following:	341
(i) The age of the woman on whom the abortion was	342
performed, using the following categories: under fifteen years	343
of age, fifteen to nineteen years of age, twenty to twenty-four	344
years of age, twenty-five to twenty-nine years of age, thirty to	345
thirty-four years of age, thirty-five to thirty-nine years of	346
age, forty to forty-four years of age, forty-five years of age	347
or older;	348
(ii) The race and Hispanic ethnicity of the woman on whom	349
the abortion was performed;	350
(iii) The education level of the woman on whom the	351
abortion was performed, using the following categories or their	352
equivalents: less than ninth grade, ninth through twelfth grade,	353
one or more years of college;	354
(iv) The marital status of the woman on whom the abortion	355
was performed;	356
(v) The number of living children of the woman on whom the	357
abortion was performed, using the following categories: none,	358

one, or two or more;	359
(vi) The number of weeks of gestation of the woman at the	360
time the abortion was performed, using the following categories:	361
less than nine weeks, nine to twelve weeks, thirteen to nineteen	362
weeks, or twenty weeks or more;	363
(vii) The county in which the abortion was performed;	364
(viii) The type of abortion procedure performed;	365
(ix) The number of abortions zygotes, blastocytes,	366
<pre>embryos, or fetuses previously performed on aborted by the woman</pre>	367
on whom the abortion was performed;	368
(x) The type of facility in which the abortion was	369
performed;	370
(xi) For Ohio residents, the county of residence of the	371
woman on whom the abortion was performed.	372
(2) The report also shall indicate the number and type of	373
the abortion complications reported to the department either on	374
the abortion report required under division (C) of this section	375
or the postabortion complication report required under division	376
(H) of this section.	377
(3) In addition to the annual report required under	378
division (I)(1) of this section, the department shall make	379
available, on request, the number of abortions performed by zip	380
code of residence.	381
(J) The director of health shall implement this section	382
and shall apply to the court of common pleas for temporary or	383
permanent injunctions restraining a violation or threatened	384
violation of its requirements. This action is an additional	385
remedy not dependent on the adequacy of the remedy at law.	386

Sec. 3726.01. As used in this chapter:	387
(A) "Abortion facility" means any of the following in	388
which abortions are induced or performed:	389
(1) Ambulatory surgical facility as defined in section	390
3702.30 of the Revised Code;	391
(2) Any other facility in which abortion is legally	392
provided.	393
(B) "Cremation" has the same meaning as in section 4717.01	394
of the Revised Code.	395
(C) "Fetal remains" means the product of human conception	396
that has been aborted. If a woman is carrying more than one	397
zygote, blastocyte, embryo, or fetus, such as in the incidence	398
of twins or triplets, each zygote, blastocyte, embryo, or fetus	399
or any of its parts that is aborted is a separate product of	400
human conception that has been aborted.	401
(D) "Interment" means the burial or entombment of fetal	402
remains.	403
Sec. 3726.02. (A) Final disposition of fetal remains from	404
a surgical abortion at an abortion facility shall be by	405
<pre>cremation or interment.</pre>	406
(B) The cremation of fetal remains under division (A) of	407
this section shall be in a crematory facility, in compliance	408
with Chapter 4717. of the Revised Code.	409
(C) As used in this section, "crematory facility" has the	410
same meaning as in section 4717.01 of the Revised Code.	411
Sec. 3726.03. A pregnant woman who has a surgical abortion	412
has the right to determine both of the following regarding the	413

<pre>fetal remains:</pre>	414
(A) Whether the final disposition shall be by cremation or	415
<pre>interment;</pre>	416
(B) The location for the final disposition.	417
Sec. 3726.04. (A) (1) If a pregnant woman desires to	418
exercise the rights under section 3726.03 of the Revised Code,	419
she shall make the determination in writing using a form	420
prescribed by the director of health under division (C) of	421
section 3726.14 of the Revised Code. The determination must	422
<pre>clearly indicate both of the following:</pre>	423
(a) Whether the final disposition will be by cremation or	424
<pre>interment;</pre>	425
(b) Whether the final disposition will be at a location	426
other than one provided by the abortion facility.	427
(2) If a pregnant woman does not desire to exercise the	428
rights under section 3726.03 of the Revised Code, the abortion	429
facility shall determine whether final disposition shall be by	430
<pre>cremation or interment.</pre>	431
(B)(1) A pregnant woman who is under eighteen years of	432
age, unmarried, and unemancipated shall obtain parental consent	433
from one of the person's parents, guardian, or custodian to the	434
final disposition determination she makes under division (A)(1)	435
of this section. The consent shall be made in writing using a	436
form prescribed by the director under division (B) of section	437
3726.14 of the Revised Code.	438
(2) The consent under division (B)(1) of this section is	439
not required for a pregnant woman exercising her rights under	440
section 3726.03 of the Revised Code if an order authorizing	441

consent to the abortion was issued under section 2151.85 of the	442
Revised Code.	443
Sec. 3726.041.(A) A pregnant woman who is carrying more	444
than one zygote, blastocyte, embryo, or fetus, who desires to	445
exercise the rights under section 3726.03 of the Revised Code,	446
shall complete one form under division (A)(1) of section 3726.04	447
of the Revised Code for each zygote, blastocyte, embryo, or	448
fetus that will be aborted.	449
(B) A pregnant woman who obtains parental consent under	450
division (B)(1) of section 3726.04 of the Revised Code shall use	451
one consent form for each zygote, blastocyte, embryo, or fetus	452
that will be aborted.	453
Sec. 3726.042. A form used under section 3726.04 of the	454
Revised Code that covers more than one zygote, blastocyte,	455
embryo, or fetus that will be aborted is invalid.	456
Sec. 3726.05. An abortion facility may not release fetal	457
remains from a surgical abortion, or arrange for the cremation	458
or interment of such fetal remains, until it obtains a final	459
disposition determination made, and if applicable, the consent	460
made, under section 3726.04 or 3726.041 of the Revised Code.	461
Sec. 3726.09. (A) Except as provided in division (B) of	462
this section, an abortion facility shall pay for and provide for	463
the cremation or interment of the fetal remains from a surgical	464
abortion performed at that facility.	465
(B) If the disposition determination made under division	466
(A) (1) of section 3726.04 or 3726.041 of the Revised Code	467
identifies a location for final disposition other than one	468
provided by the abortion facility, the pregnant woman is	469
responsible for the costs related to the final disposition of	470

the fetal remains at the chosen location.	471
Sec. 3726.10. An abortion facility shall document in the	472
pregnant woman's medical record the final disposition	473
determination made, and if applicable, the consent made, under	474
section 3726.04 or 3726.041 of the Revised Code.	475
Sec. 3726.11. An abortion facility shall maintain	476
evidentiary documentation demonstrating the date and method of	477
the disposition of fetal remains from surgical abortions	478
performed or induced in the facility.	479
Sec. 3726.12. An abortion facility shall have written	480
policies and procedures regarding cremation or interment of	481
fetal remains from surgical abortions performed or induced in	482
the facility.	483
Sec. 3726.13. An abortion facility shall develop and	484
maintain a written list of locations at which it provides or	485
arranges for the final disposition of fetal remains from	486
surgical abortions.	487
Sec. 3726.14. Not later than ninety days after the	488
effective date of this section, the director of health, in	489
accordance with Chapter 119. of the Revised Code, shall adopt	490
rules necessary to carry out sections 3726.01 to 3726.13 of the	491
Revised Code, including rules that prescribe the following:	492
(A) The method in which pregnant women who seek surgical	493
abortions are informed of the following:	494
(1) The right to determine final disposition of fetal	495
remains under section 3726.03 of the Revised Code;	496
(2) The available options for locations and methods for	497
the disposition of fetal remains.	498

(B) The notification form for final disposition	499
determinations and the consent form for purposes of section	500
3726.04 or 3726.041 of the Revised Code;	501
(C)(1) A detachable supplemental form to the form	502
described in division (B)(4) of section 2317.56 of the Revised	503
<pre>Code that meets the following requirements:</pre>	504
(a) Indicates whether the pregnant woman has indicated a	505
preference as to the method of disposition of the fetal remains	506
and the preferred method selected;	507
(b) Indicates whether the pregnant woman has indicated a	508
preference as to the location of disposition of the fetal	509
<pre>remains;</pre>	510
(c) Provides for the signature of the physician who is to	511
<pre>perform or induce the abortion;</pre>	512
(d) Provides for a medical identification number for the	513
pregnant woman but does not provide for the pregnant woman's	514
<pre>printed name or signature.</pre>	515
(2) If a medical emergency or medical necessity prevents	516
the pregnant woman from completing the detachable supplemental	517
form, procedures to complete that form a reasonable time after	518
the medical emergency or medical necessity has ended.	519
Sec. 3726.15. A person who buries or cremates fetal	520
remains from a surgical abortion is not liable for or subject to	521
damages in any civil action, prosecution in any criminal	522
proceeding, or professional disciplinary action related to the	523
disposal of fetal remains, if that person does all of the	524
<pre>following:</pre>	525
(A) Acts in good faith compliance with this chapter and,	526

if applicable, section 4717.271 of the Revised Code;	527
(B) Receives a copy of a properly executed detachable	528
supplemental form described in division (C)(1) of section	529
3726.14 of the Revised Code;	530
(C) Acts in furtherance of the final disposition of the	531
<u>fetal remains.</u>	532
Sec. 3726.16. Except for the requirements of section	533
3705.20 of the Revised Code, no conflicting provision of the	534
Revised Code or conflicting procedure of an agency or board	535
shall apply regarding a person who buries or cremates fetal	536
remains in accordance with section 3726.15 of the Revised Code.	537
Sec. 3726.95. A pregnant woman who has a surgical	538
abortion, the fetal remains from which are not disposed of in	539
compliance with this chapter, is not guilty of committing,	540
attempting to commit, complicity in the commission of, or	541
conspiracy in the commission of a violation of section 3726.99	542
of the Revised Code.	543
Sec. 3726.99. (A) No person shall fail to comply with	544
section 3726.02, 3726.05, 3726.10, or 3726.11 of the Revised	545
Code.	546
(B) Whoever knowingly violates division (A) of this	547
section is guilty of failure to dispose of fetal remains	548
humanely, a misdemeanor of the first degree.	549
Sec. 4717.271. The operator of a crematory facility that	550
cremates fetal remains for an abortion facility under Chapter	551
3726. of the Revised Code shall not do either of the following:	552
(A) Dispose of the cremated fetal remains anywhere other	553
than in a grave, crypt, or niche;	554

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(B) Arrange for the transfer or disposal of the cremated	555
fetal remains anywhere other than in a grave, crypt, or niche.	556
G	
Section 2. That existing sections 2317.56, 3701.341, and	557
3701.79 of the Revised Code are hereby repealed.	558
Section 3. Neither of the following shall apply until	559
rules are adopted under section 3726.14 of the Revised Code:	560
(A) The prohibition under section 3726.99 of the Revised	561
Code;	562
(B) The prohibition under section 4717.271 of the Revised	563
Code.	564