

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL
No. 2315 Session of
2018

INTRODUCED BY SACCONI, WARD, BERNSTINE, MCGINNIS, BAKER, RYAN,
RAPP, ORTITAY, B. MILLER, GROVE, METCALFE, ZIMMERMAN, COX AND
DOWLING, MAY 2, 2018

REFERRED TO COMMITTEE ON JUDICIARY, MAY 2, 2018

AN ACT

Amending Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, in abortion, further providing for legislative intent, providing for fetal heartbeat examination, further providing for medical consultation and judgment, for abortion on unborn child of 24 or more weeks gestational age and for reporting.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Section 3202(b) of Title 18 of the Pennsylvania Consolidated Statutes is amended by adding a paragraph to read:
§ 3202. Legislative intent.

* * *

(b) Conclusions.--Reliable and convincing evidence has compelled the General Assembly to conclude and the General Assembly does hereby solemnly declare and find that:

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(6) Based on contemporary research, all of the following:

(i) As many as 30% of natural pregnancies end in

spontaneous miscarriage.

(ii) Less than 5% of all natural pregnancies end in a spontaneous miscarriage after detection of fetal cardiac activity.

(iii) More than 90% of pregnancies resulting from in vitro fertilization survive the first trimester if cardiac activity is detected in the gestational sac.

(iv) Nearly 90% of pregnancies resulting from in vitro fertilization do not survive the first trimester if cardiac activity is not detected in the gestational sac.

(v) Consequently, fetal heartbeat has become a key medical predictor that an unborn individual will reach live birth.

(vi) Cardiac activity begins at a biologically identifiable moment in time, normally when the fetal heart is formed in the gestational sac.

(vii) In order to make an informed choice about whether to continue the pregnancy, a pregnant woman has a legitimate interest in knowing the likelihood of the fetus surviving to full-term birth based upon the presence of cardiac activity.

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Section 2. Title 18 is amended by adding a section to read:
§ 3203.1. Fetal heartbeat examination.

Before performing an abortion, a physician shall conduct a physical examination of the pregnant woman and her unborn child to determine if there is a fetal heartbeat present. The physician shall utilize the physician's best clinical judgment to determine whether or not a fetal heartbeat is present.

Section 3. Sections 3204(a), 3211 heading, (a) and (b) (2) and 3214(a) (1) of Title 18 are amended to read:

§ 3204. Medical consultation and judgment.

(a) Abortion prohibited; exceptions.--No abortion shall be performed after a fetal heartbeat is detected. If there is no fetal heartbeat, no abortion shall be performed except by a physician after either:

(1) he determines that, in his best clinical judgment, the abortion is necessary; or

(2) he receives what he reasonably believes to be a written statement signed by another physician, hereinafter called the "referring physician," certifying that in this referring physician's best clinical judgment the abortion is necessary.

* * *

§ 3211. Abortion on unborn child [of 24 or more weeks gestational age] after fetal heartbeat is detected.

(a) Prohibition.--Except as provided in subsection (b), no person shall perform or induce an abortion upon another person when the [gestational age of the unborn child is 24 or more weeks] unborn child has a detectable fetal heartbeat.

(b) Exceptions.--

* * *

(2) It shall not be a violation of subsection (a) if the abortion is performed by a physician and that physician reasonably believes, after [making a determination of the gestational age of the unborn child] examining the pregnant woman in compliance with section 3210 (relating to determination of gestational age), that the unborn child [is

less than 24 weeks gestational age] does not have a fetal heartbeat.

* * *

§ 3214. Reporting.

(a) General rule.--For the purpose of promotion of maternal health and life by adding to the sum of medical and public health knowledge through the compilation of relevant data, and to promote the Commonwealth's interest in protection of the unborn child, a report of each abortion performed shall be made to the department on forms prescribed by it. The report forms shall not identify the individual patient by name and shall include the following information:

(1) Identification of the physician who performed the abortion, the concurring physician as required by section 3211(c) (2) (relating to abortion on unborn child [of 24 or more weeks gestational age] after fetal heartbeat is detected), the second physician as required by section 3211(c) (5) and the facility where the abortion was performed and of the referring physician, agency or service, if any.

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Section 4. This act shall take effect in 60 days.