

## **HB 467 - Abortion Changes**

**Sponsor:** Rep. Karianne Lisonbee (R)

**Position:** We oppose HB 467S1

**Status:** Passed the Utah Legislature on 3/3/23

### **Overview:**

HB 467 2<sup>nd</sup> Sub. would:

- Prohibit licensing for abortion clinics after May 2, 2023;
- Prohibit abortion clinics from operating in Utah after December 31, 2023, or the last effective date of a license issued before May 2, 2023—whichever is later.
- Mandate all abortion services take place in hospital, defined as a general hospital licensed by the state;
- Require Utah to deny or revoke the license of any medical facility that provides an abortion in violation of the abortion bans currently in statute;
- Allows abortions defined as exceptions under the SB 174 “trigger ban” (76-7a-201) to be performed at a “clinic or other medical facility” certified by the Utah Department of Health and Human Services as providing the “same degree of safety to the pregnant woman and the unborn child” as a general hospital as long as the providers doing the procedures are credentialed to perform the same procedures at a licensed general hospital;
- Creates a criminal offense for prescribing medication to cause an abortion unless the prescriber is licensed as a physician in Utah. Current law requires a physician to perform or induce an abortion, but this adds additional criminal penalties;
- Restricts the abortion exceptions in the “trigger ban” (SB 174) to apply only where the pregnant person is experiencing a “life threatening physical condition” that threatens the patient’s life or risks “substantial impairment of a major bodily function.” Current law does not explicitly require that the emergency condition be only physical;
- Revises abortion exceptions for fetal anomalies defined by the “trigger ban” (SB 174) to conditions “incompatible with life” attested in the medical record by two maternal fetal medicine physicians;
- Add a new penalty for Utah medical providers in Utah conducting an abortion contrary to statutory requirements;
- Restricts abortion access for survivors of rape or incest, limiting access to before 18 weeks gestation and requiring patients to make a report to law enforcement under the state’s current 18-week abortion ban and the “trigger ban”;
- Requires providers to explain both verbally and in writing that perinatal hospice and palliative care options available as alternatives to abortion. Note: A previous requirement that abortions to be performed via induction of labor instead of in utero was removed in the 1st substitute.
- Modifies and moves existing language on Utah’s 18-week abortion ban;
- Amends the “trigger ban” to include exceptions for young people under 15 years of age and for survivors of rape or incest, but limited only to 18 weeks gestation;
- Amends the 18-week and “trigger ban” to institute new reporting requirements for survivors of rape or incest and for young people over 14 years old to require a provider to report the assault to law enforcement and, if applicable, to report neglect or abuse of a minor for patients under 14.

### **Talking Points:**

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- This bill would prohibit the Utah Department of Health and Human Services from granting or renewing a license for an abortion clinic in Utah after May 2, 2023.
- There is simply no justification for this bill – it is based wholly on bias against abortion providers and designed to put abortion out of reach for Utahns seeking care.
  - Abortion is a critical component of reproductive health care and a safe procedure with a low risk of complications—there is simply no reason to prevent health care providers from offering abortion services in licensed reproductive health clinics, as they do right now.
  - Abortion is exceptionally safe. Hospital requirements are unnecessary and make it more difficult and more costly for pregnant people to get the care they need.
- Despite what the proponents of this bill may say, their primary aim is to close down abortion clinics in this state and put abortion out of reach for as many Utahns as possible.
- Abortion clinics, like Planned Parenthood, are critical providers of reproductive health care in this state. Planned Parenthood and other clinics like us serve an important role in our communities, offering safe, accessible, unbiased, and non-judgmental services to those who need them.
- This bill would make it impossible to maintain an abortion clinic in this state after May of 2024, and it does so for no reason other than anti-abortion animus.
  - Forcing abortion clinics to close would not only limit access to abortion care, but to a host of other types of reproductive health care, including access to contraception.
- But this bill doesn't stop there. It also creates a host of other obstacles to care for Utahns. For example, it would:
  - Institute additional reporting and monitoring of health care providers that report that they provide abortions in Utah;
  - Limit access to abortion for pregnant people under 12 years old and for survivors of rape and incest; and
  - Requires providers to verify that survivors have made reports to law enforcement before accessing care.

## Talking points re: importance of abortion access for communities

- **Abortion access is a public health imperative. When abortion is illegal or inaccessible, women and their families suffer severe consequences. If HB 467 becomes law, it will harm individual Utahns and our communities by putting abortion and other reproductive health care further out of reach and, for some people, limiting access altogether.**
  - Laws that arbitrarily ban abortion past a certain number of weeks of pregnancy result in delayed or denied care.
  - A study published in January 2020 by the National Bureau of Economic Research found that when a woman is unable to secure an abortion she needs, it quadruples the odds of the new mother and her child living in poverty going forward.<sup>1</sup>
  - Patients who are unable to access a wanted abortion are more likely to receive public assistance and lack full-time employment six months after being turned

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<sup>1</sup> Miller, Sarah, et al. The Economic Consequences of Being Denied an Abortion, NBER Working Paper, No. 26662 (January 2020), <https://www.nber.org/papers/w26662>.

away.<sup>2</sup> These economic consequences impact individuals, their families, and their communities for years to come.

- Furthermore, states with laws impeding access to abortion or limiting the number of abortion clinics have a decreased likelihood of transitioning from unemployment to employment for both women and men.<sup>3</sup>

### **Talking points re: support for abortion access from medical community**

- **This bill runs contrary to guidance from the nation's leading medical organizations.**
  - In July 2022, in direct response to the Supreme Court's decision overturning *Roe v. Wade*, over 75 health care organizations, including the American Medical Association, the American Academy of Family Physicians, American Academy of Nursing, American Academy of Pediatrics, The American Board of Internal Medicine, and the Society for Maternal-Fetal Medicine, issued a statement condemning "all legislative interference in the patient-clinician relationship."
    - The collection of expert groups stated that "Our patients need to be able to access—and our clinicians need to be able to provide—the evidence-based care that is right for them, including abortion, without arbitrary limitations, without threats, and without harm."<sup>4</sup>
    - This statement from over 75 of the nation's premier medical organizations and associations recognized that abortion bans "impair the integrity of the medical profession" and "have a devastating and unquantifiable impact on the patients and clinicians."<sup>5</sup>
    - The statement was unequivocal about the fact that banning abortion harms patients.<sup>6</sup>
  - The American Medical Association recently reaffirmed the importance of access to reproductive health services, including abortion, without fear of criminal or civil liability.<sup>7</sup>
  - The American Psychological Association has repeatedly affirmed their long-standing position that access to comprehensive reproductive care without fear of criminalization is vital for psychological and mental health.<sup>8</sup>

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<sup>2</sup> Diane Greene Foster, et al., *Socioeconomic Outcomes of Women Who Receive and Women Who are Denied Wanted Abortions in the United States*, 108 Am. J. Public Health 407 (2018).

<sup>3</sup> Kate Bahn et al., *Linking Reproductive Health Care Access to Labor Market Opportunities for Women*, Ctr. for Amer. Progress (Nov. 21, 2017, 9:01 AM), <https://www.americanprogress.org/issues/women/reports/2017/11/21/442653/linking-reproductive-health-care-access-labor-market-opportunities-women/>.

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> Am. Med. Ass'n, *Resolution 28: Preserving Access to Reproductive Health Services* (adopted June 13, 2022), <https://www.ama-assn.org/system/files/a22-refcomm-conby-report.pdf>.

<sup>8</sup> APA Resolution Affirming and Building on APA's History of Support for Reproductive Rights, Am. Psych. Ass'n (Feb. 2022), <https://www.apa.org/about/policy/resolution-reproductive-rights.pdf>.