

Legislative Analysis



ELIMINATE SUNSET FOR ABORTION-RELATED PROVISIONS

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<http://www.house.mi.gov/hfa>

Senate Bill 1198 as enrolled
Sponsor: Sen. Tom Casperson
House Committee: Health Policy
Senate Committee: Health Policy
Complete to 2-4-19

Analysis available at
<http://www.legislature.mi.gov>

(Vetoed by the Governor 12-28-18)

SUMMARY:

Senate Bill 1198 would amend the Public Health Code to eliminate a sunset (expiration date) related to certain abortion provisions.

Currently under Section 17017 of the Code, a physician (under Part 170 of the Code, which governs Medicine) cannot diagnose and prescribe a medical abortion for a patient who is or who is presumed to be pregnant unless the physician or an individual licensed and qualified by education and training first personally performs a physical examination of the patient. A physician cannot use other means, such as an internet web camera, to diagnose and prescribe a medical abortion. A physician must obtain the informed consent of the patient and must be physically present at the location of the medical abortion when the prescription drug used to initiate the medical abortion is dispensed. (A medical abortion is a nonsurgical procedure that uses a prescription drug to induce an abortion.)

Section 17517 of the Code requires a physician (under Part 175 of the Code, which governs Osteopathic Medicine and Surgery) to comply with Section 17017.

Both of these sections will sunset on December 31, 2018. The bill would remove the sunset.

Additionally, Section 17017 currently prohibits a physician from diagnosing and prescribing a medical abortion in certain circumstances. The bill would amend this language so the physician would be prohibited from diagnosing *a pregnancy or the gestational age of a pregnancy* and prescribing a medical abortion in certain circumstances.

FISCAL IMPACT:

Senate Bill 1198 would not have a fiscal impact on any unit of state or local government.

Vetoed 12-28-18:

In his veto message, Governor Snyder wrote: "On a daily basis, our health care professionals thoughtfully and deliberately determine when any health care delivery method is safe, including telemedicine for other areas of care. Telemedicine for medical abortion should not be any different."

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.