

SUBSTITUTE FOR
HOUSE BILL NO. 5182

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending section 17015 (MCL 333.17015), as amended by 2006 PA
77.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 17015. (1) Subject to subsection (10), a physician shall
2 not perform an abortion otherwise permitted by law without the
3 patient's informed written consent, given freely and without
4 coercion **TO ABORT.**

5 (2) For purposes of this section **AND SECTION 17015A:**

6 (a) "Abortion" means the intentional use of an instrument,
7 drug, or other substance or device to terminate a woman's pregnancy
8 for a purpose other than to increase the probability of a live

1 birth, to preserve the life or health of the child after live
2 birth, or to remove a dead fetus. Abortion does not include the use
3 or prescription of a drug or device intended as a contraceptive.

4 (B) "COERCION TO ABORT" MEANS AN ACT COMMITTED WITH THE INTENT
5 TO COERCE AN INDIVIDUAL TO HAVE AN ABORTION, WHICH ACT IS
6 PROHIBITED BY SECTION 213A OF THE MICHIGAN PENAL CODE, 1931 PA 328,
7 MCL 750.213A.

8 (C) "DOMESTIC VIOLENCE" MEANS THAT TERM AS DEFINED IN SECTION
9 1 OF 1978 PA 389, MCL 400.1501.

10 (D) ~~(b)~~—"Fetus" means an individual organism of the species
11 homo sapiens in utero.

12 (E) ~~(e)~~—"Local health department representative" means a
13 person ~~—~~who meets 1 or more of the licensing requirements listed
14 in subdivision ~~(f)~~—(H) and who is employed by, or under contract to
15 provide services on behalf of, a local health department.

16 (F) ~~(d)~~—"Medical emergency" means that condition which, on the
17 basis of the physician's good faith clinical judgment, so
18 complicates the medical condition of a pregnant woman as to
19 necessitate the immediate abortion of her pregnancy to avert her
20 death or for which a delay will create serious risk of substantial
21 and irreversible impairment of a major bodily function.

22 (G) ~~(e)~~—"Medical service" means the provision of a treatment,
23 procedure, medication, examination, diagnostic test, assessment, or
24 counseling, including, but not limited to, a pregnancy test,
25 ultrasound, pelvic examination, or an abortion.

26 (H) ~~(f)~~—"Qualified person assisting the physician" means
27 another physician or a physician's assistant licensed under this

1 part or part 175, a fully licensed or limited licensed psychologist
2 licensed under part 182, a professional counselor licensed under
3 part 181, a registered professional nurse or a licensed practical
4 nurse licensed under part 172, or a social worker licensed under
5 part 185.

6 (I) ~~(g)~~—"Probable gestational age of the fetus" means the
7 gestational age of the fetus at the time an abortion is planned to
8 be performed.

9 (J) ~~(h)~~—"Provide the patient with a physical copy" means
10 confirming that the patient accessed the internet website described
11 in subsection (5) and received a printed valid confirmation form
12 from the website and including that form in the patient's medical
13 record or giving a patient a copy of a required document by 1 or
14 more of the following means:

15 (i) In person.

16 (ii) By registered mail, return receipt requested.

17 (iii) By parcel delivery service that requires the recipient to
18 provide a signature in order to receive delivery of a parcel.

19 (iv) By facsimile transmission.

20 (3) Subject to subsection (10), a physician or a qualified
21 person assisting the physician shall do all of the following not
22 less than 24 hours before that physician performs an abortion upon
23 a patient who is a pregnant woman:

24 (a) Confirm that, according to the best medical judgment of a
25 physician, the patient is pregnant, and determine the probable
26 gestational age of the fetus.

27 (b) Orally describe, in language designed to be understood by

1 the patient, taking into account her age, level of maturity, and
2 intellectual capability, each of the following:

3 (i) The probable gestational age of the fetus she is carrying.

4 (ii) Information about what to do and whom to contact should
5 medical complications arise from the abortion.

6 (iii) Information about how to obtain pregnancy prevention
7 information through the department of community health.

8 (c) Provide the patient with a physical copy of the written
9 **STANDARDIZED** summary described in subsection (11)(b) that
10 corresponds to the procedure the patient will undergo and is
11 provided by the department of community health. If the procedure
12 has not been recognized by the department, but is otherwise allowed
13 under Michigan law, and the department has not provided a written
14 **STANDARDIZED** summary for that procedure, the physician shall
15 develop and provide a written summary that describes the procedure,
16 any known risks or complications of the procedure, and risks
17 associated with live birth and meets the requirements of subsection
18 (11)(b)(iii) through (vii).

19 (d) Provide the patient with a physical copy of a medically
20 accurate depiction, illustration, or photograph and description of
21 a fetus supplied by the department of community health pursuant to
22 subsection (11)(a) at the gestational age nearest the probable
23 gestational age of the patient's fetus.

24 (e) Provide the patient with a physical copy of the prenatal
25 care and parenting information pamphlet distributed by the
26 department of community health under section 9161.

27 **(F) PROVIDE THE PATIENT WITH A PHYSICAL COPY OF THE**

1 **PRESCREENING SUMMARY ON PREVENTION OF COERCION TO ABORT DESCRIBED**
2 **IN SUBSECTION (11) (I) .**

3 (4) The requirements of subsection (3) may be fulfilled by the
4 physician or a qualified person assisting the physician at a
5 location other than the health facility where the abortion is to be
6 performed. The requirement of subsection (3) (a) that a patient's
7 pregnancy be confirmed may be fulfilled by a local health
8 department under subsection (18). The requirements of subsection
9 (3) cannot be fulfilled by the patient accessing an internet
10 website other than the internet website described in subsection (5)
11 that is maintained ~~through~~ **AND OPERATED BY** the department **UNDER**
12 **SUBSECTION (11) (G) .**

13 (5) The requirements of subsection (3) (c) through ~~(e)~~ **(F)** may
14 be fulfilled by a patient accessing the internet website maintained
15 and operated ~~through~~ **BY** the department **UNDER SUBSECTION (11) (G)** and
16 receiving a printed, valid confirmation form from the website that
17 the patient has reviewed the information required in subsection
18 (3) (c) through ~~(e)~~ **(F)** at least 24 hours before an abortion being
19 performed on the patient. The website shall not require any
20 information be supplied by the patient. The department shall not
21 track, compile, or otherwise keep a record of information that
22 would identify a patient who accesses this website. The patient
23 shall supply the valid confirmation form to the physician or
24 qualified person assisting the physician to be included in the
25 patient's medical record to comply with this subsection.

26 (6) Subject to subsection (10), before obtaining the patient's
27 signature on the acknowledgment and consent form, a physician

1 personally and in the presence of the patient shall do all of the
2 following:

3 (a) Provide the patient with the physician's name, **CONFIRM**
4 **WITH THE PATIENT THAT THE COERCION TO ABORT SCREENING REQUIRED**
5 **UNDER SECTION 17015A WAS PERFORMED**, and inform the patient of her
6 right to withhold or withdraw her consent to the abortion at any
7 time before performance of the abortion.

8 (b) Orally describe, in language designed to be understood by
9 the patient, taking into account her age, level of maturity, and
10 intellectual capability, each of the following:

11 (i) The specific risk, if any, to the patient of the
12 complications that have been associated with the procedure the
13 patient will undergo, based on the patient's particular medical
14 condition and history as determined by the physician.

15 (ii) The specific risk of complications, if any, to the patient
16 if she chooses to continue the pregnancy based on the patient's
17 particular medical condition and history as determined by a
18 physician.

19 (7) To protect a patient's privacy, the information set forth
20 in subsection (3) and subsection (6) shall not be disclosed to the
21 patient in the presence of another patient.

22 (8) If at any time ~~prior to~~ **BEFORE** the performance of an
23 abortion ~~—~~ a patient undergoes an ultrasound examination, or **IF** a
24 physician determines that ultrasound imaging will be used during
25 the course of a patient's abortion, the physician or qualified
26 person assisting the physician shall provide the patient with the
27 opportunity to view or decline to view an active ultrasound image

1 of the fetus —and offer to provide the patient with a physical
2 picture of the ultrasound image of the fetus ~~prior to~~ **BEFORE** the
3 performance of the abortion. ~~Before~~ **AFTER THE EXPIRATION OF THE 24-**
4 **HOURLY PERIOD PRESCRIBED UNDER SUBSECTION (3) BUT BEFORE** performing
5 an abortion on a patient who is a pregnant woman, a physician or a
6 qualified person assisting the physician shall do all of the
7 following:

8 (a) Obtain the patient's signature on the acknowledgment and
9 consent form described in subsection (11)(c) confirming that she
10 has received the information required under subsection (3).

11 (b) Provide the patient with a physical copy of the signed
12 acknowledgment and consent form described in subsection (11)(c).

13 (c) Retain a copy of the signed acknowledgment and consent
14 form described in subsection (11)(c) and, if applicable, a copy of
15 the pregnancy certification form completed under subsection
16 (18)(b), in the patient's medical record.

17 (9) This subsection does not prohibit notifying the patient
18 that payment for medical services will be required or that
19 collection of payment in full for all medical services provided or
20 planned may be demanded after the 24-hour period described in this
21 subsection has expired. A physician or an agent of the physician
22 shall not collect payment, in whole or in part, for a medical
23 service provided to or planned for a patient before the expiration
24 of 24 hours from the time the patient has done either or both of
25 the following, except in the case of a physician or an agent of a
26 physician receiving capitated payments or under a salary
27 arrangement for providing those medical services:

1 (a) Inquired about obtaining an abortion after her pregnancy
2 is confirmed and she has received from that physician or a
3 qualified person assisting the physician the information required
4 under subsection (3)(c) and (d).

5 (b) Scheduled an abortion to be performed by that physician.

6 (10) If the attending physician, utilizing his or her
7 experience, judgment, and professional competence, determines that
8 a medical emergency exists and necessitates performance of an
9 abortion before the requirements of subsections (1), (3), and (6)
10 can be met, the physician is exempt from the requirements of
11 subsections (1), (3), and (6), may perform the abortion, and shall
12 maintain a written record identifying with specificity the medical
13 factors upon which the determination of the medical emergency is
14 based.

15 (11) The department of community health shall do each of the
16 following:

17 (a) Produce medically accurate depictions, illustrations, or
18 photographs of the development of a human fetus that indicate by
19 scale the actual size of the fetus at 2-week intervals from the
20 fourth week through the twenty-eighth week of gestation. Each
21 depiction, illustration, or photograph shall be accompanied by a
22 printed description, in nontechnical English, Arabic, and Spanish,
23 of the probable anatomical and physiological characteristics of the
24 fetus at that particular state of gestational development.

25 (b) Subject to subdivision ~~(g)~~, **(E)**, develop, draft, and
26 print, in nontechnical English, Arabic, and Spanish, written
27 standardized summaries, based upon the various medical procedures

1 used to abort pregnancies, that do each of the following:

2 (i) Describe, individually and on separate documents, those
3 medical procedures used to perform abortions in this state that are
4 recognized by the department.

5 (ii) Identify the physical complications that have been
6 associated with each procedure described in subparagraph (i) and
7 with live birth, as determined by the department. In identifying
8 these complications, the department shall consider the annual
9 statistical report required under section ~~2835(6)~~**2835**, and shall
10 consider studies concerning complications that have been published
11 in a peer review medical journal, with particular attention paid to
12 the design of the study, and shall consult with the federal centers
13 for disease control **AND PREVENTION**, the American ~~college~~**CONGRESS**
14 of obstetricians and gynecologists, the Michigan state medical
15 society, or any other source that the department determines
16 appropriate for the purpose.

17 (iii) State that as the result of an abortion, some women may
18 experience depression, feelings of guilt, sleep disturbance, loss
19 of interest in work or sex, or anger, and that if these symptoms
20 occur and are intense or persistent, professional help is
21 recommended.

22 (iv) State that not all of the complications listed in
23 subparagraph (ii) may pertain to that particular patient and refer
24 the patient to her physician for more personalized information.

25 (v) Identify services available through public agencies to
26 assist the patient during her pregnancy and after the birth of her
27 child, should she choose to give birth and maintain custody of her

1 child.

2 (vi) Identify services available through public agencies to
3 assist the patient in placing her child in an adoptive or foster
4 home, should she choose to give birth but not maintain custody of
5 her child.

6 (vii) Identify services available through public agencies to
7 assist the patient and provide counseling should she experience
8 subsequent adverse psychological effects from the abortion.

9 (c) Develop, draft, and print, in nontechnical English,
10 Arabic, and Spanish, an acknowledgment and consent form that
11 includes only the following language above a signature line for the
12 patient:

13 "I, _____, **VOLUNTARILY AND WILLFULLY**
14 hereby authorize Dr. _____ ("the physician") and any
15 assistant designated by the physician to perform upon me the
16 following operation(s) or procedure(s):

17 _____
18 (Name of operation(s) or procedure(s))

19 _____
20 **A.** I understand that I am approximately _____ weeks pregnant.

21 I consent to an abortion procedure to terminate my pregnancy. I
22 understand that I have the right to withdraw my consent to the
23 abortion procedure at any time prior to performance of that
24 procedure.

25 **B. I UNDERSTAND THAT IT IS ILLEGAL FOR ANYONE TO COERCE ME**
26 **INTO SEEKING AN ABORTION.**

27 **C.** I acknowledge that at least 24 hours before the scheduled

1 abortion I have received a physical copy of each of the following:

2 1. ~~(a)~~—A medically accurate depiction, illustration, or
3 photograph of a fetus at the probable gestational age of the fetus
4 I am carrying.

5 2. ~~(b)~~—A written description of the medical procedure that
6 will be used to perform the abortion.

7 3. ~~(c)~~—A prenatal care and parenting information pamphlet.

8 D. If any of the ~~above-listed~~ documents **LISTED IN PARAGRAPH C**
9 were transmitted by facsimile, I certify that the documents were
10 clear and legible.

11 E. I acknowledge that the physician who will perform the
12 abortion has orally described all of the following to me:

13 1. ~~(i)~~—The specific risk to me, if any, of the complications
14 that have been associated with the procedure I am scheduled to
15 undergo.

16 2. ~~(ii)~~—The specific risk to me, if any, of the complications
17 if I choose to continue the pregnancy.

18 F. I acknowledge that I have received all of the following
19 information:

20 1. ~~(d)~~—Information about what to do and whom to contact in the
21 event that complications arise from the abortion.

22 2. ~~(e)~~—Information pertaining to available pregnancy related
23 services.

24 G. I have been given an opportunity to ask questions about the
25 operation(s) or procedure(s).

26 H. I certify that I have not been required to make any
27 payments for an abortion or any medical service before the

1 expiration of 24 hours after I received the written materials
2 listed in ~~paragraphs (a), (b), and (c) above,~~ **PARAGRAPH C**, or 24
3 hours after the time and date listed on the confirmation form if
4 ~~paragraphs (a), (b), and (c) were~~ **THE INFORMATION DESCRIBED IN**
5 **PARAGRAPH C WAS** viewed from the state of Michigan internet
6 website.".

7 (d) Make available to physicians through the Michigan board of
8 medicine and the Michigan board of osteopathic medicine and
9 surgery, and **TO** any person upon request, the copies of medically
10 accurate depictions, illustrations, or photographs described in
11 subdivision (a), the **WRITTEN** standardized ~~written~~ summaries
12 described in subdivision (b), the acknowledgment and consent form
13 described in subdivision (c), the prenatal care and parenting
14 information pamphlet described in section 9161, ~~and~~ the pregnancy
15 certification form described in subdivision (f), **AND THE MATERIALS**
16 **REGARDING COERCION TO ABORT DESCRIBED IN SUBDIVISION (I).**

17 (e) The department shall not develop written **STANDARDIZED**
18 summaries for abortion procedures under subdivision (b) that
19 utilize medication that has not been approved by the United States
20 food and drug administration for use in performing an abortion.

21 (f) Develop, draft, and print a certification form to be
22 signed by a local health department representative at the time and
23 place a patient has a pregnancy confirmed, as requested by the
24 patient, verifying the date and time the pregnancy is confirmed.

25 (g) Develop, **OPERATE**, and maintain an internet website that
26 allows a patient considering an abortion to review the information
27 required in subsection (3)(c) through ~~(e).~~ **(F)**. After the patient

1 reviews the required information, the department shall assure that
2 a confirmation form can be printed by the patient from the internet
3 website that will verify the time and date the information was
4 reviewed. A confirmation form printed under this subdivision
5 becomes invalid 14 days after the date and time printed on the
6 confirmation form.

7 (h) Include on the informed consent **INTERNET** website developed
8 under subdivision (g) a list of health care providers, facilities,
9 and clinics that offer to perform ultrasounds free of charge. The
10 list shall be organized geographically and shall include the name,
11 address, and telephone number of each health care provider,
12 facility, and clinic.

13 (I) AFTER CONSIDERING THE STANDARDS AND RECOMMENDATIONS OF THE
14 JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS, THE
15 MICHIGAN DOMESTIC VIOLENCE PREVENTION AND TREATMENT BOARD, THE
16 MICHIGAN COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE OR
17 SUCCESSOR ORGANIZATION, AND THE AMERICAN MEDICAL ASSOCIATION, DO
18 ALL OF THE FOLLOWING:

19 (i) DEVELOP, DRAFT, AND PRINT OR MAKE AVAILABLE IN PRINTABLE
20 FORMAT, IN NONTECHNICAL ENGLISH, ARABIC, AND SPANISH, A NOTICE THAT
21 IS REQUIRED TO BE POSTED IN FACILITIES AND CLINICS UNDER SECTION
22 17015A. THE NOTICE SHALL BE AT LEAST 8-1/2 INCHES BY 14 INCHES,
23 SHALL BE PRINTED IN AT LEAST 44-POINT TYPE, AND SHALL CONTAIN AT A
24 MINIMUM ALL OF THE FOLLOWING:

25 (A) A STATEMENT THAT IT IS ILLEGAL UNDER MICHIGAN LAW TO
26 COERCE A WOMAN TO HAVE AN ABORTION.

27 (B) A STATEMENT THAT HELP IS AVAILABLE IF A WOMAN IS BEING

1 THREATENED OR INTIMIDATED; IS BEING PHYSICALLY, EMOTIONALLY, OR
2 SEXUALLY HARMED; OR FEELS AFRAID FOR ANY REASON.

3 (C) THE TELEPHONE NUMBER OF AT LEAST 1 DOMESTIC VIOLENCE
4 HOTLINE AND 1 SEXUAL ASSAULT HOTLINE.

5 (ii) DEVELOP, DRAFT, AND PRINT OR MAKE AVAILABLE IN PRINTABLE
6 FORMAT, IN NONTECHNICAL ENGLISH, ARABIC, AND SPANISH, A
7 PRESCREENING SUMMARY ON PREVENTION OF COERCION TO ABORT THAT, AT A
8 MINIMUM, CONTAINS THE INFORMATION REQUIRED UNDER SUBPARAGRAPH (i)
9 AND NOTIFIES THE PATIENT THAT AN ORAL SCREENING FOR COERCION TO
10 ABORT WILL BE CONDUCTED BEFORE HER GIVING WRITTEN CONSENT TO OBTAIN
11 AN ABORTION.

12 (iii) DEVELOP, DRAFT, AND PRINT SCREENING AND TRAINING TOOLS AND
13 ACCOMPANYING TRAINING MATERIALS TO BE UTILIZED BY A PHYSICIAN OR
14 QUALIFIED PERSON ASSISTING THE PHYSICIAN WHILE PERFORMING THE
15 COERCION TO ABORT SCREENING REQUIRED UNDER SECTION 17015A. THE
16 SCREENING TOOLS SHALL INSTRUCT THE PHYSICIAN OR QUALIFIED PERSON
17 ASSISTING THE PHYSICIAN TO DO, AT A MINIMUM, ALL OF THE FOLLOWING:

18 (A) ORALLY INFORM THE PATIENT THAT COERCION TO ABORT IS
19 ILLEGAL AND IS GROUNDS FOR A CIVIL ACTION, BUT CLARIFYING THAT
20 DISCUSSIONS ABOUT PREGNANCY OPTIONS, INCLUDING PERSONAL OR
21 INTENSELY EMOTIONAL EXPRESSIONS ABOUT THOSE OPTIONS, ARE NOT
22 NECESSARILY COERCION TO ABORT AND ILLEGAL.

23 (B) ORALLY ASK THE PATIENT IF HER HUSBAND, PARENTS, SIBLINGS,
24 RELATIVES, OR EMPLOYER, THE FATHER OR PUTATIVE FATHER OF THE FETUS,
25 THE PARENTS OF THE FATHER OR PUTATIVE FATHER OF THE FETUS, OR ANY
26 OTHER INDIVIDUAL HAS ENGAGED IN COERCION TO ABORT AND COERCED HER
27 INTO SEEKING AN ABORTION.

1 (C) ORALLY ASK THE PATIENT IF AN INDIVIDUAL IS TAKING HARMFUL
2 ACTIONS AGAINST HER, INCLUDING, BUT NOT LIMITED TO, INTIMIDATING
3 HER, THREATENING HER, PHYSICALLY HURTING HER, OR FORCING HER TO
4 ENGAGE IN SEXUAL ACTIVITIES AGAINST HER WISHES.

5 (D) DOCUMENT THE FINDINGS FROM THE COERCION TO ABORT SCREENING
6 IN THE PATIENT'S MEDICAL RECORD.

7 (iv) DEVELOP, DRAFT, AND PRINT PROTOCOLS AND ACCOMPANYING
8 TRAINING MATERIALS TO BE UTILIZED BY A PHYSICIAN OR A QUALIFIED
9 PERSON ASSISTING THE PHYSICIAN IF A PATIENT DISCLOSES COERCION TO
10 ABORT OR THAT DOMESTIC VIOLENCE IS OCCURRING, OR BOTH, DURING THE
11 COERCION TO ABORT SCREENING. THE PROTOCOLS SHALL INSTRUCT THE
12 PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN TO DO, AT A
13 MINIMUM, ALL OF THE FOLLOWING:

14 (A) FOLLOW THE REQUIREMENTS OF SECTION 17015A AS APPLICABLE.

15 (B) ASSESS THE PATIENT'S CURRENT LEVEL OF DANGER.

16 (C) EXPLORE SAFETY OPTIONS WITH THE PATIENT.

17 (D) PROVIDE REFERRAL INFORMATION TO THE PATIENT REGARDING LAW
18 ENFORCEMENT AND DOMESTIC VIOLENCE AND SEXUAL ASSAULT SUPPORT
19 ORGANIZATIONS.

20 (E) DOCUMENT ANY REFERRALS IN THE PATIENT'S MEDICAL RECORD.

21 (12) A physician's duty to inform the patient under this
22 section does not require disclosure of information beyond what a
23 reasonably well-qualified physician licensed under this article
24 would possess.

25 (13) A written consent form meeting the requirements set forth
26 in this section and signed by the patient is presumed valid. The
27 presumption created by this subsection may be rebutted by evidence

1 that establishes, by a preponderance of the evidence, that consent
2 was obtained through fraud, negligence, deception,
3 misrepresentation, coercion, or duress.

4 (14) A completed certification form described in subsection
5 (11)(f) that is signed by a local health department representative
6 is presumed valid. The presumption created by this subsection may
7 be rebutted by evidence that establishes, by a preponderance of the
8 evidence, that the physician who relied upon the certification had
9 actual knowledge that the certificate contained a false or
10 misleading statement or signature.

11 (15) This section does not create a right to abortion.

12 (16) Notwithstanding any other provision of this section, a
13 person shall not perform an abortion that is prohibited by law.

14 (17) If any portion of this act or the application of this act
15 to any person or circumstances is found invalid by a court, that
16 invalidity does not affect the remaining portions or applications
17 of the act that can be given effect without the invalid portion or
18 application, if those remaining portions are not determined by the
19 court to be inoperable.

20 (18) Upon a patient's request, each local health department
21 shall:

22 (a) Provide a pregnancy test for that patient to confirm the
23 pregnancy as required under subsection (3)(a) and determine the
24 probable gestational stage of the fetus. The local health
25 department need not comply with this subdivision if the
26 requirements of subsection (3)(a) have already been met.

27 (b) If a pregnancy is confirmed, ensure that the patient is

1 provided with a completed pregnancy certification form described in
2 subsection (11)(f) at the time the information is provided.

3 (19) The identity and address of a patient who is provided
4 information or who consents to an abortion pursuant to this section
5 is confidential and is subject to disclosure only with the consent
6 of the patient or by judicial process.

7 (20) A local health department with a file containing the
8 identity and address of a patient described in subsection (19) who
9 has been assisted by the local health department under this section
10 shall do both of the following:

11 (a) Only release the identity and address of the patient to a
12 physician or qualified person assisting the physician in order to
13 verify the receipt of the information required under this section.

14 (b) Destroy the information containing the identity and
15 address of the patient within 30 days after assisting the patient
16 under this section.

17 Enacting section 1. This amendatory act takes effect October
18 1, 2012.

19 Enacting section 2. This amendatory act does not take effect
20 unless all of the following bills of the 96th Legislature are
21 enacted into law:

22 (a) House Bill No. 4798.

23 (b) House Bill No. 4799.

24 (c) House Bill No. 5134.

25 (d) House Bill No. 5181.