



(B) THE KNOWLEDGEABLE EXERCISE OF A WOMAN'S DECISION TO HAVE AN ABORTION DEPENDS ON THE EXTENT TO WHICH THE WOMAN RECEIVES SUFFICIENT INFORMATION TO MAKE AN INFORMED CHOICE BETWEEN TWO ALTERNATIVES: GIVING BIRTH OR HAVING AN ABORTION.

(C) OVER EIGHTY PERCENT OF ALL ABORTIONS ARE PERFORMED IN CLINICS DEVOTED SOLELY TO PROVIDING ABORTIONS AND FAMILY PLANNING SERVICES. MOST WOMEN WHO SEEK ABORTIONS AT THESE FACILITIES DO NOT HAVE ANY RELATIONSHIP WITH THE PHYSICIAN WHO PERFORMS THE ABORTION, BEFORE OR AFTER THE PROCEDURE. THEY DO NOT RETURN TO THE FACILITY FOR POST-SURGICAL CARE. IN MOST INSTANCES, THE WOMAN'S ONLY ACTUAL CONTACT WITH THE PHYSICIAN OCCURS SIMULTANEOUSLY WITH THE ABORTION PROCEDURE, WITH LITTLE OPPORTUNITY TO RECEIVE COUNSELING CONCERNING HER DECISION.

(D) THE DECISION TO ABORT IS AN IMPORTANT AND OFTEN A STRESSFUL ONE, AND IT IS DESIRABLE AND IMPERATIVE THAT IT BE MADE WITH FULL KNOWLEDGE OF ITS NATURE AND CONSEQUENCES.

(E) THE MEDICAL, EMOTIONAL AND PSYCHOLOGICAL CONSEQUENCES OF AN ABORTION ARE SERIOUS AND CAN BE LASTING.

(F) ABORTION FACILITIES OR PROVIDERS OFFER ONLY LIMITED AND/OR IMPERSONAL COUNSELING OPPORTUNITIES.

(G) MANY ABORTION FACILITIES OR PROVIDERS HIRE UNTRAINED AND UNPROFESSIONAL "COUNSELORS" WHOSE PRIMARY GOAL IS TO SELL ABORTION SERVICES.

2. BASED ON THE FINDINGS IN SUBDIVISION ONE OF THIS SECTION, IT IS THE PURPOSE OF THIS TITLE TO:

(A) ENSURE THAT EVERY WOMAN CONSIDERING AN ABORTION RECEIVE COMPLETE INFORMATION ON HER ALTERNATIVES AND THAT EVERY WOMAN SUBMITTING TO AN ABORTION DO SO ONLY AFTER GIVING HER VOLUNTARY AND INFORMED CONSENT TO THE ABORTION PROCEDURE.

(B) PROTECT UNBORN CHILDREN FROM A WOMAN'S UNINFORMED DECISION TO HAVE AN ABORTION.

(C) REDUCE THE RISK THAT A WOMAN MAY ELECT AN ABORTION, ONLY TO DISCOVER LATER, WITH DEVASTATING PSYCHOLOGICAL CONSEQUENCES, THAT HER DECISION WAS NOT FULLY INFORMED.

S 2560-B. DEFINITIONS. AS USED IN THIS TITLE:

1. "ABORTION" MEANS THE USE OR PRESCRIPTION OF ANY INSTRUMENT, MEDICINE, DRUG OR ANY OTHER SUBSTANCE OR DEVICE WITH THE INTENT TO TERMINATE THE PREGNANCY OF A WOMAN KNOWN BY THE PERSON SO USING OR PRESCRIBING TO BE PREGNANT. SUCH USE OR PRESCRIPTION IS NOT AN ABORTION IF DONE WITH THE INTENT TO (A) SAVE THE LIFE OR PRESERVE THE HEALTH OF AN UNBORN CHILD, (B) REMOVE A DEAD UNBORN CHILD, OR (C) DELIVER AN UNBORN CHILD PREMATURELY IN ORDER TO PRESERVE THE HEALTH OF BOTH THE PREGNANT WOMAN AND HER UNBORN CHILD.

2. "CONCEPTION" MEANS THE FUSION OF A HUMAN SPERMATOZOON WITH A HUMAN OVUM.

3. "GESTATIONAL AGE" MEANS THE TIME THAT HAS ELAPSED SINCE THE FIRST DAY OF THE WOMAN'S LAST MENSTRUAL PERIOD.

4. "MEDICAL EMERGENCY" MEANS THAT CONDITION WHICH, ON THE BASIS OF THE PHYSICIAN'S GOOD FAITH CLINICAL JUDGMENT, SO COMPLICATES THE MEDICAL CONDITION OF A PREGNANT WOMAN AS TO NECESSITATE THE IMMEDIATE ABORTION OF HER PREGNANCY TO AVERT HER DEATH OR FOR WHICH A DELAY WILL CREATE SERIOUS RISK OF SUBSTANTIAL AND IRREVERSIBLE IMPAIRMENT OF A MAJOR BODILY FUNCTION.

5. "PHYSICIAN" MEANS ANY PERSON LICENSED TO PRACTICE MEDICINE IN THIS STATE.

6. "PREGNANT" OR "PREGNANCY" MEANS THAT FEMALE REPRODUCTIVE CONDITION OF HAVING AN UNBORN CHILD IN THE WOMAN'S BODY.

1 7. "QUALIFIED PERSON" MEANS AN AGENT OF THE PHYSICIAN WHO IS A  
2 PSYCHOLOGIST, LICENSED SOCIAL WORKER, LICENSED PROFESSIONAL COUNSELOR,  
3 REGISTERED PROFESSIONAL NURSE OR PHYSICIAN.

4 8. "UNBORN CHILD" MEANS THE OFFSPRING OF HUMAN BEINGS FROM CONCEPTION  
5 UNTIL BIRTH.

6 9. "VIABILITY" AND "VIALE" MEANS THAT STAGE OF FETAL DEVELOPMENT  
7 WHEN THE LIFE OF THE UNBORN CHILD MAY BE CONTINUED INDEFINITELY OUTSIDE  
8 THE WOMB BY NATURAL OR ARTIFICIAL LIFE-SUPPORTIVE SYSTEMS.

9 10. "WOMAN" MEANS ANY FEMALE PERSON.

10 S 2560-C. INFORMED CONSENT REQUIREMENT. NO ABORTION SHALL BE PERFORMED  
11 OR INDUCED WITHOUT THE VOLUNTARY AND INFORMED CONSENT OF THE WOMAN UPON  
12 WHOM THE ABORTION IS TO BE PERFORMED OR INDUCED. EXCEPT IN THE CASE OF  
13 A MEDICAL EMERGENCY, CONSENT TO AN ABORTION IS VOLUNTARY AND INFORMED IF  
14 AND ONLY IF:

15 1. AT LEAST TWENTY-FOUR HOURS BEFORE THE ABORTION, THE PHYSICIAN WHO  
16 IS TO PERFORM THE ABORTION OR THE REFERRING PHYSICIAN HAS INFORMED THE  
17 WOMAN, ORALLY AND IN PERSON, OF:

18 (A) THE NAME OF THE PHYSICIAN WHO WILL PERFORM THE ABORTION;

19 (B) THE NATURE OF THE PROPOSED ABORTION METHOD AND OF THOSE RISKS AND  
20 ALTERNATIVES TO THE METHOD THAT A REASONABLE PATIENT WOULD CONSIDER  
21 MATERIAL TO THE DECISION OF WHETHER OR NOT TO UNDERGO THE ABORTION;

22 (C) THE PROBABLE GESTATIONAL AGE OF THE UNBORN CHILD AT THE TIME THE  
23 ABORTION IS TO BE PERFORMED. AND IF THE UNBORN CHILD IS VIALE OR HAS  
24 REACHED THE GESTATIONAL AGE OF TWENTY-TWO WEEKS, THAT (I) THE UNBORN  
25 CHILD MAY BE ABLE TO SURVIVE OUTSIDE THE WOMB; (II) THE WOMAN HAS THE  
26 RIGHT TO REQUEST THE PHYSICIAN TO USE THE FORM OF TREATMENT THAT IS MOST  
27 LIKELY TO PRESERVE THE LIFE OF THE UNBORN CHILD; AND (III) IF THE UNBORN  
28 CHILD IS BORN ALIVE, THE ATTENDING PHYSICIAN HAS THE LEGAL OBLIGATION TO  
29 TAKE ALL REASONABLE STEPS NECESSARY TO MAINTAIN THE LIFE AND HEALTH OF  
30 THE CHILD;

31 (D) THE PROBABLE ANATOMICAL AND PHYSIOLOGICAL CHARACTERISTICS OF THE  
32 UNBORN CHILD AT THE TIME THE ABORTION IS TO BE PERFORMED;

33 (E) THE MEDICAL RISKS ASSOCIATED WITH CARRYING HER CHILD TO TERM;

34 (F) THE MEDICAL AND PSYCHOLOGICAL RISKS ASSOCIATED WITH ABORTION,  
35 INCLUDING, BUT NOT LIMITED TO, THE MEDICAL EVIDENCE REGARDING THE  
36 INCREASED RISK OF BREAST CANCER ASSOCIATED WITH THE PROPOSED ABORTION;  
37 AND

38 (G) ANY NEED FOR ANTI-RH IMMUNE GLOBULIN THERAPY, IF SHE IS RH NEGA-  
39 TIVE, THE LIKELY CONSEQUENCES OF REFUSING SUCH THERAPY AND THE COST OF  
40 THE THERAPY.

41 2. AT LEAST TWENTY-FOUR HOURS BEFORE THE ABORTION, THE PHYSICIAN WHO  
42 IS TO PERFORM THE ABORTION, THE REFERRING PHYSICIAN OR A QUALIFIED  
43 PERSON HAS INFORMED THE WOMAN, ORALLY AND IN PERSON, THAT:

44 (A) THE PRINTED MATERIALS IN SECTION TWENTY-FIVE HUNDRED SIXTY-D OF  
45 THIS TITLE DESCRIBE THE UNBORN CHILD AND LIST AGENCIES WHICH OFFER  
46 ALTERNATIVES TO ABORTION;

47 (B) THE FATHER OF THE UNBORN CHILD IS OBLIGATED TO ASSIST IN THE  
48 SUPPORT OF HER CHILD, EVEN IN INSTANCES WHERE HE HAS OFFERED TO PAY FOR  
49 THE ABORTION. IN THE CASE OF RAPE, THIS INFORMATION MAY BE OMITTED;

50 (C) SHE HAS THE RIGHT TO VIEW THE VIDEOTAPE DESCRIBED IN SUBDIVISION  
51 TWO OF SECTION TWENTY-FIVE HUNDRED SIXTY-E OF THIS TITLE FOLLOWING THE  
52 DISCLOSURE OF THE INFORMATION REQUIRED BY THIS TITLE. EACH PHYSICIAN WHO  
53 PERFORMS OR REFERS FOR ABORTION SHALL OBTAIN A COPY OF THE VIDEOTAPE  
54 DESCRIBED IN SUBDIVISION TWO OF SECTION TWENTY-FIVE HUNDRED SIXTY-E OF  
55 THIS TITLE AND SHALL MAKE IT AVAILABLE AT ALL FACILITIES WHERE ABORTIONS

1 ARE PERFORMED AND AT OFFICES OF PHYSICIANS WHO REFER FOR ABORTION DURING  
2 ALL TIMES WHEN THESE FACILITIES OR OFFICES ARE OPEN FOR BUSINESS;

3 (D) THE STATE ENCOURAGES HER TO VIEW AN ULTRASOUND IMAGE OF HER UNBORN  
4 CHILD BEFORE SHE DECIDES TO HAVE AN ABORTION. IF SHE CHOOSES TO VIEW AN  
5 ULTRASOUND IMAGE OF HER UNBORN CHILD, THE PHYSICIAN WHO IS TO PERFORM  
6 THE ABORTION OR THE REFERRING PHYSICIAN SHALL ISSUE A MEDICAL ORDER FOR  
7 THE ULTRASOUND SERVICE AT ANY MEDICAL FACILITY THAT PROVIDES ULTRASOUND  
8 IMAGING SERVICES. IF THE WOMAN DOES NOT HAVE PRIVATE HEALTH INSURANCE  
9 COVERAGE FOR THE ULTRASOUND SERVICE, SHE SHALL BE PRESUMPTIVELY ELIGIBLE  
10 FOR MEDICAL ASSISTANCE COVERAGE FOR THE ULTRASOUND SERVICE; AND

11 (E) SHE IS FREE TO WITHHOLD OR WITHDRAW HER CONSENT TO THE ABORTION AT  
12 ANY TIME BEFORE OR DURING THE ABORTION WITHOUT AFFECTING HER RIGHT TO  
13 FUTURE CARE OR TREATMENT, AND WITHOUT THE LOSS OF ANY STATE OR FEDERAL-  
14 LY-FUNDED BENEFITS TO WHICH SHE MIGHT OTHERWISE BE ENTITLED.

15 3. THE INFORMATION IN SUBDIVISIONS ONE AND TWO OF THIS SECTION IS  
16 PROVIDED TO THE WOMAN INDIVIDUALLY AND IN A PRIVATE ROOM TO PROTECT HER  
17 PRIVACY AND MAINTAIN THE CONFIDENTIALITY OF HER DECISION, TO ENSURE THAT  
18 THE INFORMATION FOCUSES ON HER INDIVIDUAL CIRCUMSTANCES AND THAT SHE HAS  
19 AN ADEQUATE OPPORTUNITY TO ASK A QUESTION.

20 4. AT LEAST TWENTY-FOUR HOURS BEFORE THE ABORTION, THE WOMAN IS GIVEN  
21 A COPY OF THE PRINTED MATERIALS DESCRIBED IN SECTION TWENTY-FIVE HUNDRED  
22 SIXTY-D OF THIS TITLE. IF THE WOMAN IS UNABLE TO READ THE MATERIALS,  
23 THEY SHALL BE READ TO HER. IF THE WOMAN ASKS QUESTIONS CONCERNING ANY OF  
24 THE INFORMATION OR MATERIALS, ANSWERS SHALL BE PROVIDED TO HER IN HER  
25 OWN LANGUAGE.

26 5. THE WOMAN CERTIFIES IN WRITING, PRIOR TO THE ABORTION, THAT THE  
27 INFORMATION REQUIRED TO BE PROVIDED UNDER SUBDIVISIONS ONE, TWO AND FOUR  
28 OF THIS SECTION HAS BEEN PROVIDED.

29 6. PRIOR TO THE PERFORMANCE OF THE ABORTION, THE PHYSICIAN WHO IS TO  
30 PERFORM THE ABORTION OR HIS OR HER AGENT RECEIVES A COPY OF THE WRITTEN  
31 CERTIFICATION PRESCRIBED BY SUBDIVISION FIVE OF THIS SECTION.

32 7. THE WOMAN IS NOT REQUIRED TO PAY ANY AMOUNT FOR THE ABORTION PROCE-  
33 DURE UNTIL THE TWENTY-FOUR HOUR WAITING PERIOD HAS EXPIRED.

34 S 2560-D. PUBLICATION OF MATERIALS. 1. THE DEPARTMENT SHALL CAUSE TO  
35 BE PUBLISHED IN ENGLISH AND SPANISH, AND SHALL UPDATE ON AN ANNUAL  
36 BASIS, THE FOLLOWING EASILY COMPREHENSIBLE PRINTED MATERIALS:

37 (A) GEOGRAPHICALLY INDEXED MATERIALS DESIGNED TO INFORM THE WOMAN OF  
38 PUBLIC AND PRIVATE AGENCIES AND SERVICES AVAILABLE TO ASSIST A WOMAN  
39 THROUGH PREGNANCY, UPON CHILDBIRTH AND WHILE HER CHILD IS DEPENDENT,  
40 INCLUDING BUT NOT LIMITED TO, ADOPTION AGENCIES. THE MATERIALS SHALL  
41 INCLUDE A COMPREHENSIVE LIST OF THE AGENCIES, A DESCRIPTION OF THE  
42 SERVICES THEY OFFER, AND THE TELEPHONE NUMBERS AND ADDRESSES OF THE  
43 AGENCIES; AND INFORM THE WOMAN ABOUT AVAILABLE MEDICAL ASSISTANCE BENE-  
44 FITS FOR PRENATAL CARE, CHILDBIRTH AND NEONATAL CARE, AND ABOUT THE  
45 SUPPORT OBLIGATIONS OF THE FATHER OF A CHILD WHO IS BORN ALIVE. THE  
46 DEPARTMENT SHALL ENSURE THAT THE MATERIALS DESCRIBED IN THIS SECTION ARE  
47 COMPREHENSIVE AND DO NOT DIRECTLY OR INDIRECTLY PROMOTE, EXCLUDE OR  
48 DISCOURAGE THE USE OF ANY AGENCY OR SERVICE DESCRIBED IN THIS SECTION.  
49 THE MATERIALS SHALL ALSO CONTAIN A TOLL-FREE, TWENTY-FOUR HOUR A DAY  
50 TELEPHONE NUMBER WHICH MAY BE CALLED TO OBTAIN, ORALLY, SUCH A LIST AND  
51 DESCRIPTION OF AGENCIES IN THE LOCALITY OF THE CALLER AND OF THE  
52 SERVICES THEY OFFER. THE MATERIALS SHALL STATE THAT IT IS UNLAWFUL FOR  
53 ANY INDIVIDUAL TO COERCE A WOMAN TO UNDERGO AN ABORTION, THAT ANY PHYSI-  
54 CIAN WHO PERFORMS AN ABORTION UPON A WOMAN WITHOUT HER INFORMED CONSENT  
55 MAY BE LIABLE TO HER FOR DAMAGES IN A CIVIL ACTION AT LAW AND THAT THE

LAW PERMITS ADOPTIVE PARENTS TO PAY COSTS OF PRENATAL CARE, CHILDBIRTH AND NEONATAL CARE. THE MATERIALS SHALL INCLUDE THE FOLLOWING STATEMENT:  
"THERE ARE MANY PUBLIC AND PRIVATE AGENCIES WILLING AND ABLE TO HELP YOU TO CARRY YOUR CHILD TO TERM, AND TO ASSIST YOU AND YOUR CHILD AFTER YOUR CHILD IS BORN, WHETHER YOU CHOOSE TO KEEP YOUR CHILD OR TO PLACE HER OR HIM FOR ADOPTION. THE STATE OF NEW YORK STRONGLY URGES YOU TO CONTACT THEM BEFORE MAKING A FINAL DECISION ABOUT ABORTION. THE LAW REQUIRES THAT YOUR PHYSICIAN OR HIS OR HER AGENT GIVE YOU THE OPPORTUNITY TO CALL AGENCIES LIKE THESE BEFORE YOU UNDERGO AN ABORTION."

(B) MATERIALS THAT INFORM THE PREGNANT WOMAN OF THE PROBABLE ANATOMICAL AND PHYSIOLOGICAL CHARACTERISTICS OF THE UNBORN CHILD AT TWO-WEEK GESTATIONAL INCREMENTS FROM FERTILIZATION TO FULL TERM, INCLUDING PICTURES OR DRAWINGS REPRESENTING THE DEVELOPMENT OF UNBORN CHILDREN AT TWO-WEEK GESTATIONAL INCREMENTS, AND ANY RELEVANT INFORMATION ON THE POSSIBILITY OF THE UNBORN CHILD'S SURVIVAL; PROVIDED THAT ANY SUCH PICTURES OR DRAWINGS SHALL CONTAIN THE DIMENSIONS OF THE UNBORN CHILD AND MUST BE REALISTIC. THE MATERIALS SHALL BE OBJECTIVE, NONJUDGMENTAL AND DESIGNED TO CONVEY ONLY ACCURATE SCIENTIFIC INFORMATION ABOUT THE UNBORN CHILD AT THE VARIOUS GESTATIONAL AGES. THE MATERIAL SHALL ALSO CONTAIN OBJECTIVE INFORMATION DESCRIBING THE METHODS OF ABORTION PROCEDURES COMMONLY EMPLOYED, THE MEDICAL RISKS COMMONLY ASSOCIATED WITH EACH SUCH PROCEDURE AND THE MEDICAL RISKS ASSOCIATED WITH CARRYING A CHILD TO TERM.

2. THE MATERIALS SHALL BE PRINTED IN A TYPEFACE LARGE ENOUGH TO BE CLEARLY LEGIBLE.

3. THE MATERIALS REQUIRED UNDER THIS SECTION AND THE VIDEOTAPE DESCRIBED IN SECTION TWENTY-FIVE HUNDRED SIXTY-E OF THIS TITLE SHALL BE AVAILABLE AT NO COST FROM THE DEPARTMENT UPON REQUEST AND IN APPROPRIATE NUMBER TO ANY PERSON, FACILITY OR HOSPITAL.

S 2560-E. VIDEOTAPE. 1. ALL FACILITIES WHERE ABORTIONS ARE PERFORMED AND OFFICES OF PHYSICIANS WHO REFER FOR ABORTION SHALL HAVE VIDEO VIEWING EQUIPMENT.

2. THE DEPARTMENT SHALL CAUSE TO BE DEVELOPED OR ACQUIRED, A VIDEO WHICH DEPICTS LIVING UNBORN CHILDREN AT VARIOUS GESTATIONAL INCREMENTS FROM FERTILIZATION TO FULL TERM, AN EXPLANATION OF THE PROBABLE ANATOMICAL AND PHYSIOLOGICAL CHARACTERISTICS OF UNBORN CHILDREN AT THESE VARIOUS STAGES, AND ANY OTHER RELEVANT INFORMATION ON THE DEVELOPMENT OF UNBORN LIFE. THE VIDEO SHALL BE OBJECTIVE, NONJUDGMENTAL AND DESIGNED TO CONVEY ONLY ACCURATE SCIENTIFIC INFORMATION ABOUT THE UNBORN CHILD AT THE VARIOUS GESTATIONAL AGES. THE DEPARTMENT SHALL MAKE COPIES OF THE VIDEO AVAILABLE FOR PURCHASE BY PHYSICIANS AND OTHER INTERESTED INDIVIDUALS.

S 2560-F. EMERGENCY. WHERE A MEDICAL EMERGENCY COMPELS THE PERFORMANCE OF AN ABORTION, THE PHYSICIAN SHALL INFORM THE WOMAN, BEFORE THE ABORTION IF POSSIBLE, OF THE MEDICAL INDICATIONS SUPPORTING HIS OR HER JUDGMENT THAT AN ABORTION IS NECESSARY TO AVERT HER DEATH OR TO AVERT SUBSTANTIAL AND IRREVERSIBLE IMPAIRMENT OF A MAJOR BODILY FUNCTION.

S 2560-G. CRIMINAL PENALTIES. ANY PERSON WHO INTENTIONALLY, KNOWINGLY OR RECKLESSLY VIOLATES THE PROVISIONS OF THIS TITLE SHALL BE GUILTY OF A CLASS A MISDEMEANOR.

S 2560-H. CIVIL PENALTIES. IN ADDITION TO ANY REMEDIES AVAILABLE UNDER THE COMMON OR STATUTORY LAW OF THIS STATE, FAILURE TO COMPLY WITH THE REQUIREMENTS OF THIS TITLE SHALL:

1. PROVIDE A BASIS FOR A CIVIL MALPRACTICE ACTION. ANY INTENTIONAL VIOLATION OF THIS TITLE SHALL BE ADMISSIBLE IN A CIVIL SUIT AS PRIMA FACIE EVIDENCE OF A FAILURE TO OBTAIN AN INFORMED CONSENT.

1 2. PROVIDE A BASIS FOR PROFESSIONAL DISCIPLINARY ACTION PURSUANT TO  
2 TITLE TWO-A OF ARTICLE TWO OF THIS CHAPTER.

3 3. PROVIDE A BASIS FOR RECOVERY BY THE WOMAN IN A WRONGFUL DEATH  
4 ACTION, WHETHER OR NOT THE UNBORN CHILD WAS VIABLE AT THE TIME THE  
5 ABORTION WAS PERFORMED OR WAS BORN ALIVE.

6 S 2560-I. LIMITATION ON CIVIL LIABILITY. ANY PHYSICIAN WHO COMPLIES  
7 WITH THE PROVISIONS OF THIS TITLE SHALL NOT BE HELD CIVILLY LIABLE TO  
8 HIS OR HER PATIENT FOR FAILURE TO OBTAIN INFORMED CONSENT TO THE  
9 ABORTION.

10 S 2560-J. SEVERABILITY. THE PROVISIONS OF THIS TITLE ARE DECLARED TO  
11 BE SEVERABLE, AND IF ANY PROVISION, WORD, PHRASE OR CLAUSE OF THIS TITLE  
12 OR THE APPLICATION THEREOF TO ANY PERSON SHALL BE HELD INVALID, SUCH  
13 INVALIDITY SHALL NOT AFFECT THE VALIDITY OF THE REMAINING PORTIONS OF  
14 THIS TITLE.

15 S 2560-K. CONSTRUCTION. 1. NOTHING IN THIS TITLE SHALL BE CONSTRUED AS  
16 CREATING OR RECOGNIZING A RIGHT TO ABORTION.

17 2. IT IS NOT THE INTENTION OF THIS TITLE TO MAKE LAWFUL AN ABORTION  
18 THAT IS CURRENTLY UNLAWFUL.

19 S 2. 1. The department of health shall cause to be published in  
20 English and Spanish within 102 days after the effective date of this  
21 act, and shall update on an annual basis, the following easily compre-  
22 hensible printed materials:

23 (a) Geographically indexed materials designed to inform the woman of  
24 public and private agencies and services available to assist a woman  
25 through pregnancy, upon childbirth and while her child is dependent,  
26 including but not limited to, adoption agencies. The materials shall  
27 include a comprehensive list of the agencies, a description of the  
28 services they offer, and the telephone numbers and addresses of the  
29 agencies; and inform the woman about available medical assistance bene-  
30 fits for prenatal care, childbirth, and neonatal care and about the  
31 support obligations of the father of a child who is born alive. The  
32 department of health shall ensure that the materials described in this  
33 section are comprehensive and do not directly or indirectly promote,  
34 exclude, or discourage the use of any agency or service described in  
35 this section. The materials shall also contain a toll-free twenty-four-  
36 hour a day telephone number which may be called to obtain, orally, such  
37 a list and description of agencies in the locality of the caller and of  
38 the services they offer. The materials shall state that it is unlawful  
39 for any individual to coerce a woman to undergo an abortion, that any  
40 physician who performs an abortion upon a woman without her informed  
41 consent may be liable to her for damages in a civil action at law and  
42 that the law permits adoptive parents to pay costs of prenatal care,  
43 childbirth and neonatal care. The materials shall include the following  
44 statement:

45 "There are many public and private agencies willing and able to help  
46 you to carry your child to term, and to assist you and your child after  
47 your child is born, whether you choose to keep your child or to place  
48 her or him for adoption. The state of New York strongly urges you to  
49 contact them before making a final decision about abortion. The law  
50 requires that your physician or his or her agent give you the opportu-  
51 nity to call agencies like these before you undergo an abortion."

52 (b) Materials that inform the pregnant woman of the probable anatom-  
53 ical and physiological characteristics of the unborn child at two-week  
54 gestational increments from fertilization to full term, including  
55 pictures or drawings representing the development of unborn children at  
56 two-week gestational increments, and any relevant information on the

1 possibility of the unborn child's survival; provided that any such  
2 pictures or drawings must contain the dimensions of the unborn child and  
3 must be realistic. The materials shall be objective, nonjudgmental and  
4 designed to convey only accurate scientific information about the unborn  
5 child at the various gestational ages. The material shall also contain  
6 objective information describing the methods of abortion procedures  
7 commonly employed, the medical risks commonly associated with each such  
8 procedure, and the medical risks associated with carrying a child to  
9 term.

10 2. The materials shall be printed in a typeface large enough to be  
11 clearly legible.

12 3. The materials required under this section and the videotape  
13 described in section 2560-e of the public health law, as added by  
14 section one of this act, shall be available at no cost from the depart-  
15 ment of health upon request and in appropriate numbers to any person,  
16 facility or hospital.

17 S 3. This act shall take effect immediately, provided that section one  
18 of this act shall take effect on the one hundred second day after this  
19 act shall have become a law, where upon such date section two of this  
20 act shall expire and be deemed repealed.