

Representative Steve R. Christiansen proposes the following substitute bill:

ABORTION REVISIONS

2020 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Steve R. Christiansen

Senate Sponsor: Curtis S. Bramble

LONG TITLE

General Description:

This bill creates requirements relating to abortion procedures.

Highlighted Provisions:

This bill:

▶ requires a medical professional to do the following before a pregnant woman may give informed consent to an abortion:

- perform an ultrasound on the pregnant woman;
- describe the images produced by the ultrasound;
- make audible the fetal heartbeat, if possible; and
- provide written confirmation to the pregnant woman stating that the medical

professional complied with the requirements;

▶ provides that a pregnant woman may choose not to view the images produced by the ultrasound and not to listen to the fetal heartbeat;

▶ adds certain record keeping requirements for a physician performing an abortion;

▶ imposes a fine on a physician that performs an abortion on a pregnant woman who has not received an ultrasound;

▶ requires the Department of Health to:

- create, and make available online, a form to be signed by a physician or



- 26 qualified technician performing the mandatory ultrasound; and
- 27 • provide a list of organizations that offer a free or low cost ultrasound; and
- 28 ▶ makes technical and conforming changes.

29 **Money Appropriated in this Bill:**

30 None

31 **Other Special Clauses:**

32 None

33 **Utah Code Sections Affected:**

34 AMENDS:

- 35 **26-21-6.5**, as last amended by Laws of Utah 2018, Chapter 282
- 36 **76-7-305**, as last amended by Laws of Utah 2019, Chapters 124 and 189
- 37 **76-7-305.5**, as last amended by Laws of Utah 2018, Chapter 282
- 38 **78B-3-406**, as last amended by Laws of Utah 2019, Chapter 346



40 *Be it enacted by the Legislature of the state of Utah:*

41 Section 1. Section **26-21-6.5** is amended to read:

42 **26-21-6.5. Licensing of an abortion clinic -- Rulemaking authority -- Fee.**

43 (1) A type I abortion clinic may not operate in the state without a license issued by the
44 department to operate a type I abortion clinic.

45 (2) A type II abortion clinic may not operate in the state without a license issued by the
46 department to operate a type II abortion clinic.

47 (3) The department shall make rules establishing minimum health, safety, sanitary, and
48 recordkeeping requirements for:

49 (a) a type I abortion clinic; and

50 (b) a type II abortion clinic.

51 (4) To receive and maintain a license described in this section, an abortion clinic shall:

52 (a) apply for a license on a form prescribed by the department;

53 (b) satisfy and maintain the minimum health, safety, sanitary, and recordkeeping

54 requirements established under Subsection (3) that relate to the type of abortion clinic licensed;

55 (c) comply with the recordkeeping and reporting requirements of Section **76-7-313** and

56 Subsection **76-7-305**(3);

57 (d) comply with the requirements of Title 76, Chapter 7, Part 3, Abortion;

58 (e) pay the annual licensing fee; and

59 (f) cooperate with inspections conducted by the department.

60 (5) The department shall, at least twice per year, inspect each abortion clinic in the
61 state to ensure that the abortion clinic is complying with all statutory and licensing
62 requirements relating to the abortion clinic. At least one of the inspections shall be made
63 without providing notice to the abortion clinic.

64 (6) The department shall charge an annual license fee, set by the department in
65 accordance with the procedures described in Section 63J-1-504, to an abortion clinic in an
66 amount that will pay for the cost of the licensing requirements described in this section and the
67 cost of inspecting abortion clinics.

68 (7) The department shall deposit the licensing fees described in this section in the
69 General Fund as a dedicated credit to be used solely to pay for the cost of the licensing
70 requirements described in this section and the cost of inspecting abortion clinics.

71 Section 2. Section 76-7-305 is amended to read:

72 **76-7-305. Informed consent requirements for abortion -- 72-hour wait mandatory**
73 **-- Exceptions.**

74 (1) A person may not perform an abortion, unless, before performing the abortion, the
75 physician who will perform the abortion obtains from the woman on whom the abortion is to
76 be performed a voluntary and informed written consent that is consistent with:

77 (a) Section 8.08 of the American Medical Association's Code of Medical Ethics,
78 Current Opinions; and

79 (b) the provisions of this section.

80 (2) Except as provided in Subsection ~~[(8)]~~ (9), consent to an abortion is voluntary and
81 informed only if, at least 72 hours before the abortion:

82 (a) a staff member of an abortion clinic or hospital, physician, registered nurse, nurse
83 practitioner, advanced practice registered nurse, certified nurse midwife, genetic counselor, or
84 physician's assistant presents the information module to the pregnant woman;

85 (b) the pregnant woman views the entire information module and presents evidence to
86 the individual described in Subsection (2)(a) that the pregnant woman viewed the entire
87 information module;

88 (c) after receiving the evidence described in Subsection (2)(b), the individual described
89 in Subsection (2)(a):

90 (i) documents that the pregnant woman viewed the entire information module;

91 (ii) gives the pregnant woman, upon her request, a copy of the documentation
92 described in Subsection (2)(c)(i); and

93 (iii) provides a copy of the statement described in Subsection (2)(c)(i) to the physician
94 who is to perform the abortion, upon request of that physician or the pregnant woman;

95 (d) after the pregnant woman views the entire information module, the physician who
96 is to perform the abortion, the referring physician, a physician, a registered nurse, nurse
97 practitioner, advanced practice registered nurse, certified nurse midwife, genetic counselor, or
98 physician's assistant, in a face-to-face consultation in any location in the state, orally informs
99 the woman of:

100 (i) the nature of the proposed abortion procedure;

101 (ii) specifically how the procedure described in Subsection (2)(d)(i) will affect the
102 fetus;

103 (iii) the risks and alternatives to the abortion procedure or treatment;

104 (iv) the options and consequences of aborting a medication-induced abortion, if the
105 proposed abortion procedure is a medication-induced abortion;

106 (v) the probable gestational age and a description of the development of the unborn
107 child at the time the abortion would be performed;

108 (vi) the medical risks associated with carrying her child to term; and

109 [~~(vii) the right to view an ultrasound of the unborn child, at no expense to the pregnant
110 woman, upon her request; and]~~

111 [~~(viii)~~ (vii) when the result of a prenatal screening or diagnostic test indicates that the
112 unborn child has or may have Down syndrome, the Department of Health website containing
113 the information described in Section 26-10-14, including the information on the informational
114 support sheet; and]

115 (e) after the pregnant woman views the entire information module, a staff member of
116 the abortion clinic or hospital provides to the pregnant woman:

117 (i) on a document that the pregnant woman may take home:

118 (A) the address for the department's website described in Section 76-7-305.5; and

119 (B) a statement that the woman may request, from a staff member of the abortion clinic
 120 or hospital where the woman viewed the information module, a printed copy of the material on
 121 the department's website; and

122 (ii) a printed copy of the material on the department's website described in Section
 123 76-7-305.5, if requested by the pregnant woman[-]; and

124 (f) a qualified physician or technician performs a transabdominal ultrasound on the
 125 pregnant woman in accordance with Subsection (5).

126 (3) (a) Before performing an abortion, the physician who is to perform the abortion
 127 shall:

128 ~~[(a)]~~ (i) in a face-to-face consultation, provide the information described in Subsection
 129 (2)(d), unless the attending physician or referring physician is the individual who provided the
 130 information required under Subsection (2)(d); and

131 ~~[(b) (i) obtain from the pregnant woman]~~

132 (ii) obtain:

133 (A) a written certification from the pregnant woman that the information required to be
 134 provided under Subsection (2) and this Subsection (3) was provided in accordance with the
 135 requirements of Subsection (2) and this Subsection (3); ~~[and]~~

136 (B) the signed form or copy of the signed form described in Subsection (5)(c); and

137 ~~[(ii) obtain]~~ (C) a copy of the statement described in Subsection (2)(c)(i).

138 (b) The treating physician shall retain a copy of each document described in Subsection
 139 (3)(a) in the pregnant woman's medical record.

140 (4) When a serious medical emergency compels the performance of an abortion, the
 141 physician shall inform the woman prior to the abortion, if possible, of the medical indications
 142 supporting the physician's judgment that an abortion is necessary.

143 ~~[(5) If an ultrasound is performed on a woman before an abortion is performed, the~~
 144 ~~individual who performs the ultrasound, or another qualified individual, shall:]~~

145 ~~[(a) inform the woman that the ultrasound images will be simultaneously displayed in a~~
 146 ~~manner to permit her to:]~~

147 ~~[(i) view the images, if she chooses to view the images; or]~~

148 ~~[(ii) not view the images, if she chooses not to view the images;]~~

149 ~~[(b) simultaneously display the ultrasound images in order to permit the woman to:]~~

150 ~~[(i) view the images, if she chooses to view the images; or]~~
151 ~~[(ii) not view the images, if she chooses not to view the images;]~~
152 ~~[(c) inform the woman that, if she desires, the person performing the ultrasound, or~~
153 ~~another qualified person shall]~~

154 (5) (a) A physician, or a qualified technician, performing an ultrasound required under
155 Subsection (2)(f) shall:

156 (i) provide a simultaneous detailed description of the ultrasound images, including:

157 (A) the presence and location of each unborn child within the uterus;

158 (B) the number of unborn children within the uterus;

159 ~~[(i)]~~ (C) the dimensions of ~~[the]~~ each unborn child;

160 ~~[(ii)]~~ (D) the presence of cardiac activity in ~~[the]~~ each unborn child, if present and
161 viewable; and

162 ~~[(iii)]~~ (E) the presence of external body parts or internal organs, if present and
163 viewable; ~~[and]~~

164 ~~[(d) provide the detailed description described in Subsection (5)(c), if the woman~~
165 ~~requests it.]~~

166 (ii) display the ultrasound images so that the pregnant woman may view the images;
167 and

168 (iii) make each unborn child's heartbeat audible to the pregnant woman if:

169 (A) a heartbeat is audible; and

170 (B) the procedure described in Subsection (5)(a)(iii) is medically safe.

171 (b) (i) This section does not prevent a pregnant woman from:

172 (A) averting her eyes from the ultrasound images; or

173 (B) requesting the volume of a heartbeat be reduced or turned off.

174 (ii) The physician or qualified technician performing the ultrasound and the pregnant
175 woman are not subject to any civil or criminal penalty if the pregnant woman refuses to look at
176 the displayed ultrasound images or listen to the heartbeat of an unborn child.

177 (c) The physician or qualified technician who performs a required ultrasound in
178 accordance with this Subsection (5) shall:

179 (i) sign the form described in Subsection(5)(d) certifying that the physician or qualified
180 technician completed each of the requirements described in Subsection (5)(a); and

- 181 (ii) provide the signed form to the pregnant woman.
- 182 (d) The department shall:
- 183 (i) create a form to be signed by a physician or qualified technician who performs an
- 184 ultrasound required under Subsection (2)(f) that, when signed by the physician or qualified
- 185 technician, certifies that the physician or qualified technician complied with each requirement
- 186 described in Subsection (5)(a); and
- 187 (ii) make the form described in Subsection (5)(d)(i) available for download on the
- 188 department's website.
- 189 (e) A pregnant woman obtaining an ultrasound required under Subsection (2)(f) may
- 190 obtain the ultrasound from any physician or qualified technician.
- 191 (6) The information described in Subsections (2), (3), and (5) is not required to be
- 192 provided to a pregnant woman under this section if the abortion is performed for a reason
- 193 described in:
- 194 (a) Subsection 76-7-302(3)(b)(i), if the treating physician and one other physician
- 195 concur, in writing, that the abortion is necessary to avert:
- 196 (i) the death of the woman on whom the abortion is performed; or
- 197 (ii) a serious risk of substantial and irreversible impairment of a major bodily function
- 198 of the woman on whom the abortion is performed; or
- 199 (b) Subsection 76-7-302(3)(b)(ii).
- 200 (7) In addition to the criminal penalties described in this part, a physician who violates
- 201 the provisions of this section:
- 202 (a) is guilty of unprofessional conduct as defined in Section 58-67-102 or 58-68-102;
- 203 and
- 204 (b) shall be subject to:
- 205 (i) suspension or revocation of the physician's license for the practice of medicine and
- 206 surgery in accordance with Section 58-67-401 or 58-68-401; and
- 207 (ii) administrative penalties in accordance with Section 58-67-402 or 58-68-402.
- 208 (8) In addition to the penalties described in this part, a physician who fails to comply
- 209 with Subsection (3)(a)(ii)(B) is subject to a fine not to exceed \$100,000 for a first offense or
- 210 \$250,000 for each subsequent offense.
- 211 [~~8~~] (9) A physician is not guilty of violating this section for failure to furnish any of

212 the information described in Subsection (2) or (3), or for failing to comply with Subsection (5),
213 if:

214 (a) the physician can demonstrate by a preponderance of the evidence that the
215 physician reasonably believed that furnishing the information would have resulted in a severely
216 adverse effect on the physical [~~or mental~~] health of the pregnant woman;

217 (b) in the physician's professional judgment, the abortion was necessary to avert:

218 (i) the death of the woman on whom the abortion is performed; or

219 (ii) a serious risk of substantial and irreversible impairment of a major bodily function
220 of the woman on whom the abortion is performed;

221 (c) the pregnancy was the result of rape or rape of a child, as defined in Sections
222 [76-5-402](#) and [76-5-402.1](#);

223 (d) the pregnancy was the result of incest, as defined in Subsection [76-5-406\(2\)\(j\)](#) and
224 Section [76-7-102](#); or

225 (e) at the time of the abortion, the pregnant woman was 14 years of age or younger.

226 ~~[(9)]~~ (10) A physician who complies with the provisions of this section and Section
227 [76-7-304.5](#) may not be held civilly liable to the physician's patient for failure to obtain
228 informed consent under Section [78B-3-406](#).

229 ~~[(10)]~~ (11) (a) The department shall provide ~~[an ultrasound, in accordance with the~~
230 ~~provisions of Subsection (5)(b), at no expense to the pregnant woman.]~~ a low cost option to a
231 pregnant woman seeking an ultrasound required under Subsection (2)(f).

232 (b) The department may charge a reasonable fee to offset the administrative costs
233 associated with coordinating and performing an ultrasound provided under Subsection (11)(a).

234 (c) Before charging a fee described in Subsection (11)(a), the department shall inform
235 the pregnant woman of the resources described in Subsection [76-7-305.5\(2\)\(g\)](#).

236 ~~[(b)]~~ (d) A local health department shall refer a pregnant woman who requests an
237 ultrasound described in Subsection ~~[(10)]~~ (11)(a) to the department.

238 ~~[(11)]~~ (12) A physician is not guilty of violating this section if:

239 (a) the information described in Subsection (2) is provided less than 72 hours before
240 the physician performs the abortion; and

241 (b) in the physician's professional judgment, the abortion was necessary in a case
242 where:

243 (i) a ruptured membrane, documented by the attending or referring physician, will
244 cause a serious infection; or

245 (ii) a serious infection, documented by the attending or referring physician, will cause a
246 ruptured membrane.

247 Section 3. Section **76-7-305.5** is amended to read:

248 **76-7-305.5. Requirements for information module and website.**

249 (1) In order to ensure that a woman's consent to an abortion is truly an informed
250 consent, the department shall, in accordance with the requirements of this section, develop an
251 information module and maintain a public website.

252 (2) The information module and public website described in Subsection (1) shall:

253 (a) be scientifically accurate, comprehensible, and presented in a truthful,
254 nonmisleading manner;

255 (b) present adoption as a preferred and positive choice and alternative to abortion;

256 (c) be produced in a manner that conveys the state's preference for childbirth over
257 abortion;

258 (d) state that the state prefers childbirth over abortion;

259 (e) state that it is unlawful for any person to coerce a woman to undergo an abortion;

260 (f) state that any physician who performs an abortion without obtaining the woman's
261 informed consent or without providing her a private medical consultation in accordance with
262 the requirements of this section, may be liable to her for damages in a civil action at law;

263 (g) provide a geographically indexed list of resources and public and private services
264 available to assist, financially or otherwise, a pregnant woman during pregnancy, at childbirth,
265 and while the child is dependent, including:

266 (i) medical assistance benefits for prenatal care, childbirth, and neonatal care;

267 (ii) organizations that offer a free or low-cost ultrasound;

268 [~~(ii)~~] (iii) services and supports available under Section [35A-3-308](#);

269 [~~(iii)~~] (iv) other financial aid that may be available during an adoption;

270 [~~(iv)~~] (v) services available from public adoption agencies, private adoption agencies,
271 and private attorneys whose practice includes adoption; and

272 [~~(v)~~] (vi) the names, addresses, and telephone numbers of each person listed under this
273 Subsection (2)(g);

274 (h) describe the adoption-related expenses that may be paid under Section 76-7-203;

275 (i) describe the persons who may pay the adoption related expenses described in
276 Subsection (2)(h);

277 (j) except as provided in Subsection (4), describe the legal responsibility of the father
278 of a child to assist in child support, even if the father has agreed to pay for an abortion;

279 (k) except as provided in Subsection (4), describe the services available through the
280 Office of Recovery Services, within the Department of Human Services, to establish and
281 collect the support described in Subsection (2)(j);

282 (l) state that private adoption is legal;

283 (m) describe and depict, with pictures or video segments, the probable anatomical and
284 physiological characteristics of an unborn child at two-week gestational increments from
285 fertilization to full term, including:

286 (i) brain and heart function;

287 (ii) the presence and development of external members and internal organs; and

288 (iii) the dimensions of the fetus;

289 (n) show an ultrasound of the heartbeat of an unborn child at:

290 (i) four weeks from conception;

291 (ii) six to eight weeks from conception; and

292 (iii) each month after 10 weeks gestational age, up to 14 weeks gestational age;

293 (o) describe abortion procedures used in current medical practice at the various stages
294 of growth of the unborn child, including:

295 (i) the medical risks associated with each procedure;

296 (ii) the risk related to subsequent childbearing that are associated with each procedure;

297 and

298 (iii) the consequences of each procedure to the unborn child at various stages of fetal
299 development;

300 (p) describe the possible detrimental psychological effects of abortion;

301 (q) describe the medical risks associated with carrying a child to term;

302 (r) include relevant information on the possibility of an unborn child's survival at the
303 two-week gestational increments described in Subsection (2)(m);

304 (s) except as provided in Subsection (5), include:

305 (i) information regarding substantial medical evidence from studies concluding that an
306 unborn child who is at least 20 weeks gestational age may be capable of experiencing pain
307 during an abortion procedure; and

308 (ii) the measures that will be taken in accordance with Section 76-7-308.5;

309 (t) explain the options and consequences of aborting a medication-induced abortion;

310 (u) include the following statement regarding a medication-induced abortion,

311 "Research indicates that mifepristone alone is not always effective in ending a pregnancy. You
312 may still have a viable pregnancy after taking mifepristone. If you have taken mifepristone but
313 have not yet taken the second drug and have questions regarding the health of your fetus or are
314 questioning your decision to terminate your pregnancy, you should consult a physician
315 immediately."; and

316 [~~(v) inform a pregnant woman that she has the right to view an ultrasound of the~~
317 ~~unborn child, at no expense to her, upon her request, and]~~

318 [~~(w)~~] (v) be in a typeface large enough to be clearly legible.

319 (3) The information module and website described in Subsection (1) may include a
320 toll-free 24-hour telephone number that may be called in order to obtain, orally, a list and
321 description of services, agencies, and adoption attorneys in the locality of the caller.

322 (4) The department may develop a version of the information module and website that
323 omits the information in Subsections (2)(j) and (k) for a viewer who is pregnant as the result of
324 rape.

325 (5) The department may develop a version of the information module and website that
326 omits the information described in Subsection (2)(s) for a viewer who will have an abortion
327 performed:

328 (a) on an unborn child who is less than 20 weeks gestational age at the time of the
329 abortion; or

330 (b) on an unborn child who is at least 20 weeks gestational age at the time of the
331 abortion, if:

332 (i) the abortion is being performed for a reason described in Subsection
333 76-7-302(3)(b)(i) or (ii); and

334 (ii) due to a serious medical emergency, time does not permit compliance with the
335 requirement to provide the information described in Subsection (2)(s).

336 (6) The department and each local health department shall make the information
337 module and the website described in Subsection (1) available at no cost to any person.

338 (7) The department shall make the website described in Subsection (1) available for
339 viewing on the department's website by clicking on a conspicuous link on the home page of the
340 website.

341 (8) The department shall ensure that the information module is:

342 (a) available to be viewed at all facilities where an abortion may be performed;

343 (b) interactive for the individual viewing the module, including the provision of
344 opportunities to answer questions and manually engage with the module before the module
345 transitions from one substantive section to the next;

346 (c) produced in English and may include subtitles in Spanish or another language; and

347 (d) capable of being viewed on a tablet or other portable device.

348 (9) The department shall present the information module to the Health and Human
349 Services Interim Committee for the committee's review and recommendation before November
350 1, 2018.

351 (10) The department shall release the information module, for the use described in
352 Section 76-7-305, before January 1, 2019.

353 (11) After the department releases the initial version of the information module, for the
354 use described in Section 76-7-305, the department shall:

355 (a) update the information module, as required by law; and

356 (b) present an updated version of the information module to the Health and Human
357 Services Interim Committee for the committee's review and recommendation before releasing
358 the updated version for the use described in Section 76-7-305.

359 Section 4. Section 78B-3-406 is amended to read:

360 **78B-3-406. Failure to obtain informed consent -- Proof required of patient --**
361 **Defenses -- Consent to health care.**

362 (1) (a) When a person submits to health care rendered by a health care provider, it is
363 presumed that actions taken by the health care provider are either expressly or impliedly
364 authorized to be done.

365 (b) For a patient to recover damages from a health care provider in an action based
366 upon the provider's failure to obtain informed consent, the patient must prove the following:

367 (i) that a provider-patient relationship existed between the patient and health care
368 provider;

369 (ii) the health care provider rendered health care to the patient;

370 (iii) the patient suffered personal injuries arising out of the health care rendered;

371 (iv) the health care rendered carried with it a substantial and significant risk of causing
372 the patient serious harm;

373 (v) the patient was not informed of the substantial and significant risk;

374 (vi) a reasonable, prudent person in the patient's position would not have consented to
375 the health care rendered after having been fully informed as to all facts relevant to the decision
376 to give consent; and

377 (vii) the unauthorized part of the health care rendered was the proximate cause of
378 personal injuries suffered by the patient.

379 (2) In determining what a reasonable, prudent person in the patient's position would do
380 under the circumstances, the finder of fact shall use the viewpoint of the patient before health
381 care was provided and before the occurrence of any personal injuries alleged to have arisen
382 from said health care.

383 (3) It shall be a defense to any malpractice action against a health care provider based
384 upon alleged failure to obtain informed consent if:

385 (a) the risk of the serious harm which the patient actually suffered was relatively
386 minor;

387 (b) the risk of serious harm to the patient from the health care provider was commonly
388 known to the public;

389 (c) the patient stated, prior to receiving the health care complained of, that he would
390 accept the health care involved regardless of the risk; or that he did not want to be informed of
391 the matters to which he would be entitled to be informed;

392 (d) the health care provider, after considering all of the attendant facts and
393 circumstances, used reasonable discretion as to the manner and extent to which risks were
394 disclosed, if the health care provider reasonably believed that additional disclosures could be
395 expected to have a substantial and adverse effect on the patient's condition; or

396 (e) the patient or the patient's representative executed a written consent which sets forth
397 the nature and purpose of the intended health care and which contains a declaration that the

398 patient accepts the risk of substantial and serious harm, if any, in hopes of obtaining desired
399 beneficial results of health care and which acknowledges that health care providers involved
400 have explained the patient's condition and the proposed health care in a satisfactory manner and
401 that all questions asked about the health care and its attendant risks have been answered in a
402 manner satisfactory to the patient or the patient's representative.

403 (4) The written consent shall be a defense to an action against a health care provider
404 based upon failure to obtain informed consent unless the patient proves that the person giving
405 the consent lacked capacity to consent or shows by clear and convincing evidence that the
406 execution of the written consent was induced by the defendant's affirmative acts of fraudulent
407 misrepresentation or fraudulent omission to state material facts.

408 (5) This act may not be construed to prevent any person 18 years of age or over from
409 refusing to consent to health care for the patient's own person upon personal or religious
410 grounds.

411 (6) Except as provided in Section [76-7-304.5](#), the following persons are authorized and
412 empowered to consent to any health care not prohibited by law:

413 (a) any parent, whether an adult or a minor, for the parent's minor child;

414 (b) any married person, for a spouse;

415 (c) any person temporarily standing in loco parentis, whether formally serving or not,
416 for the minor under that person's care and any guardian for the guardian's ward;

417 (d) any person 18 years of age or over for that person's parent who is unable by reason
418 of age, physical or mental condition, to provide such consent;

419 (e) any patient 18 years of age or over;

420 (f) any female regardless of age or marital status, when given in connection with her
421 pregnancy or childbirth;

422 (g) in the absence of a parent, any adult for the adult's minor brother or sister;

423 (h) in the absence of a parent, any grandparent for the grandparent's minor grandchild;

424 (i) an emancipated minor as provided in Section [78A-6-805](#);

425 (j) a minor who has contracted a lawful marriage; and

426 (k) an unaccompanied homeless minor, as that term is defined in the McKinney-Vento
427 Homeless Assistance Act of 1987, Pub. L. 100-77, as amended, who is 15 years of age or older.

428 (7) A person who in good faith consents or authorizes health care treatment or

429 procedures for another as provided by this act may not be subject to civil liability.

430 (8) Notwithstanding any other provision of this section, if a health care provider fails to
431 comply with the requirement in Section [58-1-509](#), the health care provider is presumed to have
432 lacked informed consent with respect to the patient examination, as defined in Section
433 [58-1-509](#).

434 (9) (a) Notwithstanding any other provision of this section, if a health care provider
435 fails to comply with Subsection [76-7-305\(2\)](#) before performing an abortion, the health care
436 provider is presumed to have lacked the informed consent of the pregnant woman to perform
437 an abortion.

438 (b) A health care provider may reverse the presumption described in Subsection (9)(a)
439 if the health care provider produces a signed copy of the certificate described in Subsection
440 [76-7-305\(3\)\(a\)\(ii\)\(A\)](#).