



Missouri | RANKING 8

Missouri continues to be a leader in protecting women and their children from the harms inherent in abortion. It maintains comprehensive informed consent and parental involvement requirements, has some of the most stringent limits on abortion funding in the nation, and recently passed a law that would prohibit abortion should *Roe v. Wade* be overturned. However, the state provides little protection to human embryos outside the womb, having amended its state constitution to allow cloning for biomedical research.

ABORTION

- In 2019, Missouri passed a conditional law that would prohibit abortion should *Roe v. Wade* be overturned.
- The Missouri Legislature has found that “a new genetically distinct human being is formed” at conception.
- It has also declared that Missouri will “[d]efend the right to life of all humans, born and unborn” and it will “[r]egulate abortion to the full extent permitted.”
- Missouri has a post-viability abortion ban that allows an abortion only when the life of the mother is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself, or when continuation of the pregnancy will create a serious risk of substantial and irreversible physical impairment of a major bodily function of the pregnant woman. The law also requires a determination of gestational age according to specified standards, includes specific reporting requirements, and requires a second physician to concur that an abortion is “medically necessary.”
- Missouri also passed an 8-week, 14-week, 18-week, and 20-week ban, the last of which is based on the unborn child’s ability to feel pain.
- As applied to its abortion-related laws, Missouri maintains a narrow definition of “medical emergency.” A medical emergency is found to exist only in situations where a woman’s life or a “major bodily function” is at risk.
- Missouri prohibits partial-birth abortion.
- Missouri prohibits sex-selection abortions, abortions based on the race of the child, and abortions based on a diagnosis or potential diagnosis of Down syndrome.
- At least 72 hours prior to the abortion procedure, the woman must be given information about the physician who will perform the abortion, the description of the abortion method, the gestational age and anatomical and physiological characteristics of her unborn child, and information on resources available to assist her in bringing her child to term. The law also requires that she be informed that abortion ends the “life of a separate, unique, living human being.”

- Women must be informed of the short- and long-term medical risks that may result from the abortion procedure, including infection, hemorrhage, and uterine perforation, as well as potential psychological effects.
- Women must also be given printed materials that must include information on fetal pain at various stages of development.
- Abortion providers must offer an ultrasound to every woman seeking an abortion.
- An abortion facility must provide a woman with confidential access to a telephone and a list of protective resources if she indicates that she is being coerced by a third party into seeking an abortion.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without the informed, written consent of one parent or guardian unless there is a court order. The consenting parent must notify any remaining custodial parents in writing. Further, only a parent or guardian can transport a minor across state lines for an abortion.
- Missouri requires abortion facilities to meet the same health and safety standards as facilities performing other surgeries in an ambulatory setting, including regulations prescribing the physical design and layout for facilities that perform surgical abortions and a requirement that abortion providers at ambulatory surgical centers have privileges to perform surgical procedures at a licensed hospital in the community. These two regulations are in ongoing litigation.
- Missouri requires annual, on-site and unannounced inspections of abortion clinics.
- Only physicians licensed by the state, practicing in Missouri, and having surgical privileges at a hospital within a 30-mile radius of the facility where the abortion is performed and that offers obstetrical or gynecological care may perform abortions. The Eighth Circuit has upheld this requirement.
- Missouri law provides that no person shall perform or induce a “medical abortion” unless such person has proof of medical malpractice insurance with coverage amounts of at least \$500,000.
- Missouri has an enforceable abortion reporting law but does not require the reporting of information to the Centers for Disease Control (CDC). The measure applies to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- Missouri requires that the initial dose in an abortion-inducing drug regimen be administered in the presence of a physician. The physician or an agent of the physician must also make all reasonable efforts to ensure that the woman comes back for a follow-up appointment.
- Missouri follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- Missouri law provides that it is unlawful for any public funds to be expended for the purpose of performing or assisting an abortion not necessary to save the life of the mother or for the purpose of encouraging or counseling a woman to have an abortion not necessary to save her life.
- It has an extensive list of additional limitations on abortion funding including the following: public facilities may not be used for performing, assisting in, or counseling a woman on abortion unless it is necessary to preserve her life; a state employee may not participate in an abortion; no school district or charter school or personnel or agents of these schools may provide abortion services or permit

instruction by providers of abortion services; family planning services may not include abortions unless it is certified by a physician that the life of the mother is in danger; Missouri Alternatives to Abortions Services Program funding may not be granted to organizations or affiliates of organizations that perform or induce, assist in the performance or induction of, or refer for abortions; research grants may not be used in research projects that involve abortion services, human cloning, or prohibited human research and cannot share costs with another prohibited study; and no money from the legal expense fund may be used to defend abortion.

- Insurance companies participating in the state insurance Exchanges established pursuant to the federal healthcare law cannot offer policies that provide abortion coverage, except in cases of life endangerment.
- Private health insurance policies are prohibited from including coverage for abortion unless an abortion is necessary to preserve the life of the woman or an optional rider is purchased. Missouri also prohibits abortion coverage for state employees except in cases of life endangerment. Further, Missouri protects individual and group insurance consumers from paying for insurance coverage that violates their moral or religious beliefs.
- State health insurance for uninsured children cannot be used to encourage, counsel, or refer for abortions, with exceptions for life endangerment or in cases of rape or incest.
- Missouri provides direct taxpayer funding to pregnancy resource centers and prohibits organizations that receive this funding from using those funds to provide abortion counseling or to make referrals for abortion.
- Missouri also provides tax credits for donations to pregnancy resource centers that do not perform or refer women for abortions.
- Missouri has appropriated federal and state funds for women “at or below 200 percent of the Federal Poverty Level” to be used to encourage women to carry their pregnancies to term, to pay for adoption expenses, and/or to assist with caring for dependent children.
- Missouri offers “Choose Life” license plates, the proceeds of which benefit organizations providing abortion alternatives.

LEGAL RECOGNITION AND PROTECTION OF UNBORN CHILDREN AND NEWLY BORN INFANTS

- Missouri has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- Under Missouri law, the killing of an unborn child at any stage of development is defined as a form of homicide.
- Missouri has enacted AUL’s Pregnant Woman’s Protection Act, which provides an affirmative defense to women who use force to protect their unborn children from criminal assaults.
- It allows a wrongful death (civil) action when an unborn child at any stage of development is killed through a negligent or criminal act.
- Missouri has a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring that the infants receive appropriate care and protection.
- It funds drug treatment programs for pregnant women and newborns.

BIOETHICS LAWS

- In November 2006, Missouri voters approved a ballot initiative amending the state constitution to allow cloning for biomedical research (while banning cloning to produce children) and destructive embryo research. This constitutional amendment may mean that the state's ban on public funding relates only to cloning-to-produce-children, making it a "clone-and-kill" state.
- Missouri's prohibition on fetal experimentation applies only to a fetus aborted alive.
- Missouri has created a program funding the establishment of umbilical cord blood banks. The state Department of Health and Senior Services is required to post resources regarding umbilical cord blood on its website including information on the potential value and uses of cord blood. State law authorizes a licensed physician giving care to a pregnant woman to provide information about this website.
- Missouri maintains no laws regarding assisted reproductive technologies or human egg harvesting.

PATIENT PROTECTION LAWS

- In Missouri, suicide by physician constitutes manslaughter.
- Missouri has established a Missouri Palliative Care and Quality of Life Interdisciplinary Council, in order to improve quality and delivery of patient-centered and family-focused care. Missouri also established a "Palliative Care Consumer and Professional Information and Education Program" with a stated purpose of maximizing the effectiveness of palliative care and ensuring that comprehensive and accurate information about palliative care is available to the public, healthcare providers, and healthcare facilities.

HEALTHCARE FREEDOM OF CONSCIENCE

PARTICIPATION IN ABORTION

- A physician, nurse, midwife, or hospital is not required to admit or treat a woman for the purpose of abortion if such admission or treatment is contrary to religious, moral, or ethical beliefs or established policy. Protection is also provided to medical and nursing students.
- A law requiring insurance coverage for obstetrical and gynecological care provides: "Nothing in this chapter shall be construed to require a health carrier to perform, induce, pay for, reimburse, guarantee, arrange, provide any resources for, or refer a patient for an abortion."

PARTICIPATION IN RESEARCH HARMFUL TO HUMAN LIFE

- Missouri currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research that violate a provider's moral or religious beliefs.

WHAT HAPPENS AFTER *ROE* IS OVERTURNED?

- Missouri has a law, conditioned on *Roe* being overturned, that makes abortion illegal, which may be enforceable.

RECOMMENDATIONS FOR MISSOURI

WOMEN'S PROTECTION PROJECT PRIORITIES

- Enhanced penalties and enforcement mechanisms for the state's abortion-related laws
 - Drug-Induced Abortion Information and Reporting Act
 - Component of the Child Protection Act mandating evidence retention
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INFANTS' PROTECTION ACT PRIORITIES

- Unborn Infants Dignity Act
 - Perinatal Hospice Information Act
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PATIENT PROTECTION ACT PRIORITIES

- Joint Resolution Opposing Suicide by Physician
 - Charlie Gard Act (formerly the Life Sustaining Care Act)
 - Pain Management Education Act
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ADDITIONAL PRIORITIES

ABORTION

- Defunding the Abortion Industry and Advancing Women's Health Act

LEGAL RECOGNITION AND PROTECTION FOR THE UNBORN

- Law criminalizing nonfatal assaults on the unborn

BIOETHICS

- Assisted Reproductive Technologies Disclosure and Risk Reduction Act

HEALTHCARE FREEDOM OF CONSCIENCE

- Healthcare Freedom of Conscience Act