
Women's Health Protection Act (Abortion Clinic Regulations)

Model Legislation & Policy Guide



*Advancing the Human Right to Life
in Culture, Law, and Policy*

INTRODUCTION

In the late 1960s and early 1970s, abortion advocates assured judges, legislators, and the American public that legalizing abortion would be beneficial to the health and well-being of American women. To support these arguments, they devised a litany of purported “advantages” of legalized abortion, including increased medical safety.

First, proponents argued, if abortion were legal, the procedure would be safer for women. If abortion became an accepted part of “mainstream medical care,” greater impetus would exist for skilled, reputable medical professionals to perform proper surgical procedures associated with abortion. Second, legalized abortion would eliminate the 5,000 to 10,000 deaths that abortion advocates falsely claimed resulted from illegal or so-called “back-alley” abortions each year.¹ Finally, legalizing abortion would ensure that a woman received proper care before, during, and after the procedure. Legalized abortion would ensure that no woman would bleed to death, alone and in pain following an unsafe abortion.²

These were the promises. Has it proven to be the reality? Has more than 40 years of legal abortion eliminated these problems from our national consciousness? Sadly, it has not. Instead, abortion clinics across the nation have become the true “back-alleys” of abortion mythology. Legalized abortion has failed to eliminate substandard medical care, especially by unlicensed individuals. Legalized abortion has failed to prevent the use of dirty, unsterile, inadequate procedure rooms and instrumentation, and failed to ensure competent post-abortive care. These failures have contributed to the taking of women’s lives—who, unaware of the dangers, undertook unsafe abortions.

¹ However, the numbers of deaths from illegal abortion were greatly exaggerated. Dr. Bernard Nathanson, a founder of National Abortion and Reproductive Rights Actions League (NARAL), has conceded that the statistics on abortion deaths before *Roe v. Wade* were intentionally misleading:

How many deaths were we talking about when abortion was illegal? In NARAL, we generally emphasized the drama of the individual case, not the mass statistics, but when we spoke of the latter it was always “5,000 to 10,000 deaths a year.” I confess that I knew the figures were totally false, and I suppose the others did too if they stopped to think of it . . . The overriding concern was to get the laws eliminated, and anything within reason which had to be done was permissible.

Bernard Nathanson, *ABORTING AMERICA* 193 (1979).

² See, e.g., *Recommended Standards for Abortion Services*, 61 Am. J. Pub. Health 396 (1971).

In December 2016, Americans United for Life (AUL) released *Unsafe: America's Dangerous, Profit-Driven Abortion Industry Puts Women at Risk*.³ This groundbreaking investigative report exposed the increasingly suspect safety record of America's abortion industry.

Evidence collected from 32 states on 227 abortion clinics (including Planned Parenthood businesses) and individual abortionists established that the practice of abortion in America has become the “red light district” of medicine, populated by dangerous, substandard providers. *Unsafe* documents over 1,400 health and safety deficiencies, including over 750 significant violations of state abortion laws.

Unsafe is a snapshot in time, focusing only on abortion practices since 2008. But it is also the tip of the proverbial iceberg, convincingly demonstrating a nationwide pattern of abuse that characterizes an industry that fights to keep profits high and standards low.

Even limiting the scope of the investigation to an eight-year period, efforts to discern the true state of abortion practices in a number of states was stymied by a dearth of protective laws in some jurisdictions, a lack of reporting in others, and limited public availability of information on abortion providers in still more states. We can easily deduce, therefore, that the epidemic of substandard abortion practice is worse than even *Unsafe* shows.

The Supreme Court's decision in *Dobbs v. Jackson Women's Health Center*—restoring abortion to its rightful place as a policy question subject to rational-basis review—represents a noble correction to restore to the people and their elected representatives the power to address the abortion industry's longstanding follies. But these follies will only worsen unless pro-life Americans and their representatives immediately act to confront the abortion industry's dangerous practices with medically appropriate health and safety standards of patient care. AUL's *Women's Health Protection Act* provides legally and medically sound language to do just that.

For more information or drafting assistance, please contact AUL at Legislation@aul.org

³ UNSAFE: AMERICA'S ABORTION INDUSTRY ENDANGERS WOMEN, Ams. United for Life (2018) <https://aul.org/wp-content/uploads/2021/02/AUL-Unsafe-2021.pdf>

WOMEN'S HEALTH PROTECTION ACT

HOUSE/SENATE BILL No. _____
By Representatives/Senators _____

Section 1. Title.

This Act may be known and cited as the "Women's Health Protection Act."

Section 2. Legislative Findings and Purposes.

- (a) The Legislature of the State of *[Insert name of State]* finds that:
- (1) Most abortions in this State are performed in clinics devoted primarily to providing abortions and family planning services. Most women who seek abortions at these facilities lack any physician-patient relationship with the physician who performs the abortion either before or after the procedure. They ordinarily do not return to the facility for post-surgical care. In most instances, the woman's only actual contact with the abortion provider occurs simultaneously with the abortion procedure, with little opportunity to ask questions about the procedure, potential complications, and proper follow-up care.
 - (2) "The medical, emotional, and psychological consequences of an abortion are serious and can be lasting . . ." *H.L. v. Matheson*, 450 U.S. 398, 411 (1981).
 - (3) Abortion can lead to both short-term and long-term medical complications. Potential complications from abortion include, among others: bleeding, hemorrhage, infection, uterine perforation, uterine scarring, blood clots, cervical tears, incomplete abortion (retained tissue), failure to actually terminate the pregnancy, free fluid in the abdomen, acute abdomen, organ damage, missed ectopic pregnancies, cardiac arrest, sepsis, respiratory arrest, reactions to anesthesia and other drugs, and even death.
 - (4) The risks for second-trimester abortions are greater than for first-trimester abortions. The risk of hemorrhage, in particular, is greater, and the resultant complications may require a hysterectomy, other reparative surgery, or a blood transfusion.

- (5) The U.S. Supreme Court has specifically acknowledged that the right to protect life resides with the people and their elected representatives. *See, e.g., Dobbs v. Jackson Women’s Health Center*, 142 S. Ct. 2228, 2283-84 (2022).
- (b) Based on the findings in subsection (a), the purposes of this Act are to:
- (1) Regulate abortion clinics consistent with and to the extent permitted by the decisions of the U.S. Supreme Court and other courts; and
 - (2) Provide for the protection of public health through the development, establishment, and enforcement of medically appropriate standards of care and safety in abortion clinics.

Section 3. Definitions.

As used in this Act only:

(a) “**Abortion**” means the act of using or prescribing any instrument [, *medicine, drug, or any other substance, device, or means*] with the intent to terminate the clinically diagnosable pregnancy of a woman; with knowledge that the termination by those means will, with reasonable likelihood, cause the death of the unborn child.

Such use[, *prescription, or means*] is not an abortion if done with the intent to:

- (1) save the life or preserve the health of the mother or the unborn child;
 - (2) remove a dead unborn child caused by spontaneous abortion; or
 - (3) remove an ectopic pregnancy.
- (b) “**Abortion clinic**” means a facility, other than an accredited hospital, in which five (5) or more first-trimester abortions in any month or any second- or third-trimester abortions are performed.
- (c) “**Born alive**,” with respect to a member of the species *homo sapiens*, means the stage after the **unborn child’s** complete expulsion or extraction—via natural labor, induced labor, cesarean section, or induced abortion—from his or her mother at any stage of development, who after such expulsion or extraction:
- (1) breathes;

- (2) has a beating heart;
 - (3) experiences pulsation of the cut or uncut umbilical cord; or
 - (4) manifests definite movement of voluntary muscles,
- (d) **“Conception”** and **“fertilization”** each means the fusion of the human spermatozoon with a human ovum.
- (e) **“Department”** means the [*Insert name of state health department or other appropriate agency*].
- (f) **“Director”** means the Director of the [*Insert name of state health department or other appropriate agency*].
- (g) **“Gestation”** means the time that has elapsed since the first day of the woman’s last menstrual period.
- (h) **“Licensee”** means an individual, a partnership, an association, a limited liability company, or a corporation authorized by the [*Insert name of state health department or other appropriate agency*] to operate an abortion clinic.
- (i) **“Physician”** means a person licensed to practice medicine in the State of [*Insert name of State*], including medical doctors and doctors of osteopathy.
- (j) **“Unborn child”** means the offspring of human beings from conception until birth.

Section 4. Licensure Requirements.

- (a) Beginning on [*Insert effective date*], all abortion clinics shall be licensed by the Department. Any existing abortion clinic, as defined by this Act, shall apply for licensure within ninety (90) days of the effective date of this Act.
- (b) A licensure applicant shall apply to the Department with Department-provided forms. The Department shall include such information as the Department reasonably requires, including affirmative evidence of ability to comply with such reasonable standards, rules, and regulations as are lawfully prescribed hereunder. The Department shall supply supplemental forms for additional information it requires as needed.
- (c) The Department shall issue a license which is valid for a period of one year after the following procedures are fulfilled:
- (1) the Department receives an application for license;

- (2) the applicant and the facility meet the requirements established by this Act; and
 - (3) the minimum standards, administrative rules, and regulations adopted in accordance with this Act.
- (d) The Department may issue a temporary or provisional license to an abortion clinic for a period of six (6) months in cases where:
- (1) no other state or local agency who is authorized to inspect abortion facilities has given a disapproval to such abortion clinic;
 - (2) sufficient compliance with the Department's minimum standards, rules, and regulations require a time extension; and
 - (3) any failure to comply is not detrimental to the public's health and safety.
- (e) A license:
- (1) only applies to the location and licensee stated on the application;
 - (2) is non-transferable between other places or licensees once issued;
 - (3) if the location of the facility is changed, the license shall be automatically revoked;
 - (4) is valid for one year from the issuance date, unless sooner revoked;
 - (5) is only granted from a Department-prescribed form; and
 - (6) may be renewed yearly upon application and payment of the license fee if the applicant procures the original license.

A licensee or licensee applicant shall:

- (1) complete a new application form prior to all license renewals.
 - (2) enclose a fee of [*Insert appropriate amount*], which is levied as the license fee for a one-year operation of an abortion clinic and paid into the [*general fund*].
- (h) The Department may deny, suspend, revoke, or refuse to renew a license in any case in which it finds that the applicant or licensee has substantially failed to comply with this Act's requirements or the Department's minimum standards, administrative rules, and regulations adopted by the Department in accordance with this Act. In such case, the

Department shall furnish the person, applicant, or licensee thirty (30) days' notice specifying the reason(s) for the action.

(i) Any person, applicant, or licensee who feels aggrieved by the Department's denial, suspension, revocation, or refusal to renew a license may appeal the Department's action in accordance with the delay, notice, and other procedures established [*Insert reference(s) to agency/administrative appeal procedure(s) within the Department*].

(j) Any person, applicant, or licensee who feels aggrieved by the [*appellate board or other appropriate agency or body*]'s action may, within thirty (30) days after notification of such action, appeal suspensively to the [*Insert name of court*]. The [*appellate board or other appropriate agency or body*] shall make and keep on file a record of all proceedings before it. The [*appellate board or other appropriate agency or body*] shall transmit a certified copy of the record to the [*Insert name of court*]. The [*Insert name of court*] shall try the appeal *de novo*.

Section 5. Inspections and Investigations.

(a) The Department shall establish policies and procedures for conducting pre-licensure and re-licensure inspections of abortion clinics. Prior to issuing or reissuing a license, the Department shall conduct an on-site inspection to ensure compliance with:

- (1) this Act,
- (2) the [*minimum standards, applicable regulations, or administrative rules*] promulgated by the Department under this Act, and
- (3) with [*Insert citation(s) or reference(s) to other standards, regulations, and administrative rules related to the provision of abortion*].

(b) The Department shall

- (1) establish policies and procedures for conducting inspections and investigations in accordance with complaints received by the Department and made against any abortion clinic.
- (2) The Department shall receive, record, and dispose of complaints in accordance with established policies and procedures.

(c) If the Director determines that there is reasonable cause to believe a licensee, licensed abortion clinic or abortion clinic is not adhering to this Act's requirements, [*the*

minimum standards, regulations, or administrative rules] promulgated by the Department under the authority of this Act, or with [*Insert citation(s) or reference(s) to other standards, regulations, and administrative rules related to the provision of abortion*]:

- (1) the Director and any Director-designated employee or agent, [*county health representative*] and county or municipal fire inspector, consistent with standard medical practices,
- (2) may enter the premises of the licensee or abortion clinic, during regular business hours of the licensee or abortion clinic to determine compliance with:
 - (a) this Act,
 - (b) the [*minimum standards, applicable regulations, or administrative rules*] promulgated by the Department under this Act,
 - (c) [*Insert citation(s) or reference(s) to other standards, regulations, and administrative rules related to the provision of abortion*];
 - (d) local fire ordinances or rules; and [*Insert reference(s) to any other applicable requirements*].

(d) An application for a license pursuant to this Act and [*the minimum standards, regulations, or administrative rules*] promulgated by the Department under the authority of this Act constitutes permission for, and complete acquiescence in, an entry or inspection of the premises during the pendency of the application and, if licensed, during the term of the license.

(e) The Director may deny, suspend, revoke, or refuse to renew a license to operate an abortion clinic, if an inspection or investigation conducted pursuant to this Section 5(a), 5(b), or 5(c) reveals that a licensee or licensed abortion clinic is not adhering to:

- (1) this Act's requirements;
- (2) the [*minimum standards, applicable regulations, or administrative rules*] promulgated by the Department under this Act, and with

- (3) *[Insert citation(s) or reference(s) to other standards, regulations, and administrative rules related to the provision of abortion];*
- (4) local fire ordinances or rules; and
- (5) *[Insert reference(s) to any other applicable requirements].*

Section 6. *[Minimum Standards, Administrative Rules, or Regulations]* for Abortion Clinics.

The Department shall establish *[minimum standards, administrative rules, or regulations]* for the licensing and operation of abortion clinics. Such *[minimum standards, administrative rules, or regulations]* become effective upon approval by the Director.

Section 7. *[Minimum Standards, Administrative Rules, or Regulations]* for Abortion Clinics.

(a) The Director shall adopt *[rules]* for an abortion clinic's physical facilities. At a minimum these rules shall prescribe *[standards]* for:

- (1) Adequate private space specifically designated for interviewing, counseling, and performing medical evaluations.
- (2) Dressing rooms for staff and patients.
- (3) Appropriate lavatory areas.
- (4) Areas for pre-procedure hand washing.
- (5) Private procedure rooms.
- (6) Adequate lighting and ventilation for abortion procedures.
- (7) Surgical or gynecologic examination tables and other fixed equipment.
- (8) Post-procedure recovery rooms that are supervised, staffed, and equipped to meet the patients' needs.
- (9) Emergency exits to accommodate a stretcher or gurney.
- (10) Areas for cleaning and sterilizing instruments.

- (11) Adequate areas for the secure storage of medical records and necessary equipment and supplies.
 - (12) The display in the abortion clinic, in a place that is conspicuous to all patients, of the clinic's current license issued by the Department.
- (b) The Director shall adopt [*rules*] to prescribe abortion clinic supply and equipment [*standards*], including supplies and equipment that are required to be immediately available for use in an emergency. At a minimum these [*rules*] shall:
- (1) Prescribe required equipment and supplies, including medications, required for:
 - (a) performing, in an appropriate fashion, any abortion procedure the clinic's medical staff anticipates performing; and
 - (b) monitoring each patient's progress throughout the procedure and recovery period.
 - (2) Require that the number or amount of equipment and supplies at the abortion clinic is adequate at all times to assure sufficient quantities of clean, sterilized, durable equipment and supplies to meet each patient's needs.
 - (3) Prescribe required equipment, supplies, and medications that shall be available and ready for immediate use in an emergency and requirements for written protocols and procedures to be followed by staff in an emergency, such as the loss of electrical power.
 - (4) Prescribe required equipment and supplies for mandated laboratory tests and the requirements for protocols to maintain laboratory equipment located in the abortion clinic or any equipment operated by clinic staff.
 - (5) Require ultrasound equipment in all abortion clinics.
 - (6) Require that all equipment is safe for patients and the staff, meets applicable federal standards, and is checked annually.

(c) The Director shall adopt [*rules*] relating to abortion clinic personnel. At a minimum these [*rules*] shall require that:

- (1) The abortion clinic designate a medical director who is licensed to practice medicine [*and surgery*] in the State of [*Insert name of State*].
- (2) Physicians performing abortions are
 - (a) licensed to practice medicine [*and surgery*] in the State of [*Insert name of State*],
 - (b) demonstrate competence in the procedure(s) involved; and
 - (c) are acceptable to the abortion clinic's medical director.
- (3) Surgical assistants [*or other appropriate classification(s) of healthcare provider(s)*] receive training in counseling, patient advocacy, and the specific responsibilities of the services the surgical assistants [*or other appropriate classification(s) of healthcare provider(s)*] provide at an abortion clinic.
- (4) Volunteers, if any, receive training in the specific responsibilities of the services that volunteers provide at an abortion clinic, including:
 - (a) counseling and patient advocacy,
 - (b) and as provided under the administrative [*rules*] adopted by the Director for different types of volunteers based on their responsibilities.

(d) The Director shall adopt [*rules*] relating to the medical screening and evaluation of each abortion clinic patient. At a minimum, these [*rules*] shall require:

- (1) A medical history that includes:
 - (a) reported allergies to medications, antiseptic solutions, or latex;
 - (b) obstetric and gynecologic history;

- (c) past surgeries; and
 - (d) medication that the patient is currently taking.
- (2) A physical examination that includes a bimanual examination estimating uterine size and palpation of the adnexa.
- (3) The appropriate pre-procedure testing, including:
 - (a) urine or blood tests for pregnancy, if ordered by a physician;
 - (b) a test for anemia;
 - (c) Rh typing, unless reliable written documentation of blood type is available; and
 - (d) other tests as indicated from the physical examination.
- (4) When medically appropriate, a physician-performed ultrasound examination for abortion patients. If a non-physician performs an ultrasound, that person shall record and document evidence that he or she completed a course or other acceptable training in the operation of ultrasound equipment as prescribed in *[rule]*. *[A physician or other licensed healthcare professional shall review, at the request of the patient, the ultrasound evaluation results with the patient before the abortion procedure is performed, including permitting the patient to view the active ultrasound image and learn the probable gestational age of the unborn child.]*
- (5) That a physician shall:
 - (a) estimate the unborn child's gestational age based on the ultrasound examination, if performed, and obstetric standards that are in accord with established standards of care regarding the estimation of gestational age as defined in *[rule]*;
 - (b) write the estimate in the patient's medical record; and

(c) keep original prints of each ultrasound examination of a patient, if performed, in the patient's medical record.

(e) The Director shall adopt [*rules*] relating to the abortion procedure. At a minimum these [*rules*] shall require:

- (1) medical personnel be available to any patient throughout their abortion procedure.
- (2) standards for the safe performance of abortion procedures that conform to obstetric standards and established standards of care, including those regarding the estimation of gestational age as defined in [*rule*].
- (3) appropriate use of local anesthesia, analgesia, and sedation if ordered by the physician.
- (4) the use of appropriate precautions, such as the establishment of intravenous access for patients undergoing second- or third-trimester abortions.
- (5) the use of appropriate monitoring of the vital signs and other defined markers of the patient's status:
 - (a) throughout the abortion procedure; and
 - (b) during the recovery period until the patient's condition is deemed to be stable in the recovery room.

(f) The Director shall adopt [*rules*] that prescribe minimum recovery room standards for the abortion clinic. At a minimum these [*rules*] shall require:

- (1) the provision of immediate post-procedure care, including observation in a supervised recovery room for as long as the patient's condition warrants.
- (2) the clinic arrange hospitalization if any complication beyond the staff's management capability occurs or is suspected.

- (3) a licensed healthcare professional, trained in the management of the recovery area and capable of providing basic cardiopulmonary resuscitation (CPR) and related emergency procedures, actively monitors patients in the recovery room.
 - (4) a physician to sign the discharge order and be readily accessible and available until the last patient is discharged.
 - (5) a physician discusses RhO(d) immune globulin with each patient for whom it is indicated and assures that it is offered to the patient from the immediate post-operative period or that it is be available to her within seventy-two (72) hours after completion of the abortion procedure. If the patient refuses, the patient and a witness shall sign a Department-approved refusal form to be included in the patient's medical record.
 - (6) written instructions regarding post-abortion coitus, signs of possible complications and problems, and general aftercare are given to each patient. Each patient shall receive specific instructions regarding access to medical care for complications, including a telephone number to call for medical emergencies.
 - (7) a specified minimum time period that a patient remains in the recovery room, depending on the type of abortion procedure and duration of gestation.
 - (8) a physician to ensure that a licensed healthcare professional from the abortion clinic makes a good faith effort to contact the patient by telephone, with the patient's consent, within twenty-four (24) hours after surgery to assess the patient's recovery.
 - (9) equipment and services to be located in the recovery room to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or a child born alive to the hospital.
- (g) The Director shall adopt [*rules*] that prescribe standards for follow-up care for abortion patients. At a minimum these [*rules*] shall require that:

- (1) a post-abortion medical visit is offered and, if requested, scheduled for two (2) to three (3) weeks after the abortion procedure. The post-abortion visit will include, at minimum, a medical examination and a review of all laboratory testing results.
 - (2) a urine [*or blood*] test for pregnancy be obtained at the time of the follow-up visit to rule out continuing pregnancy. If a continuing pregnancy is suspected, the patient shall be appropriately evaluated and a physician consulted.
- (h) The Director shall adopt [*rules*] to prescribe minimum abortion clinic incident reporting. At a minimum these [*rules*] shall require that:
- (1) The abortion clinic records each incident resulting in a patient's or a born alive child's [*serious*] injury occurring at an abortion clinic and shall report these incidents in writing to the Department within ten (10) days after the incident. For the purposes of this paragraph, "**serious injury**" means an injury that occurs at an abortion clinic and that creates a serious risk of substantial impairment of a major body organ or function.
 - (2) If a patient's death occurs, other than the death of an unborn child properly reported under existing law, the abortion clinic reports it to the Department no later than the next Department work day.
 - (3) Incident reports be filed with the Department and other appropriate professional regulatory boards.
- (i) The Department shall not release personally identifiable patient or physician information.
- (j) The [*rules*] adopted by the Director under this Act does not limit a physician's or other healthcare professional's ability to advise a patient on any health issue.
- (k) This Act's provisions and [*the rules and regulations*] adopted under the Act shall be in addition to any other laws, administrative or other rules, and regulations which are applicable to facilities defined as "abortion clinics" under this Act.

Section 8. Criminal Penalties.

- (a) Whoever operates an abortion clinic without a valid license issued by the Department is guilty of [*Insert proper penalty/offense classification*].
- (b) Any person who intentionally [*or knowingly*] violates this Act or any [*rules or regulations*] adopted under this Act is guilty of [*Insert proper penalty/offense classification*].

Section 9. Civil Penalties and Fines.

- (a) Any violation of this Act or any [*rules or regulations*] adopted under this Act may be subject to a civil penalty or fine up to [*Insert appropriate amount*] imposed by the Department.
- (b) Each day of violation constitutes a separate violation for purposes of assessing civil penalties or fines.
- (c) In deciding whether and to what extent to impose fines, the Department shall consider the following factors:
 - (1) gravity of the violation, including the probability that death or serious physical harm to a patient or individual will result or has resulted;
 - (2) size of the population at risk due to the violation;
 - (3) severity and scope of the actual or potential harm;
 - (4) extent to which the provisions of the applicable statute(s) and regulation(s) were violated;
 - (5) any indications of good faith exercised by the licensee;
 - (6) the duration, frequency, and relevance of any previous violations committed by the licensee; and
 - (7) financial benefit to the licensee of committing or continuing the violation(s).
- (d) Both the Office of the Attorney General and the Office of the District Attorney [*or other appropriate authority*] for the county in which the violation occurred may initiate a legal action to enforce collection of civil penalties or fines.

Section 10. Injunctive Remedies.

In addition to any other penalty provided by law, whenever, in the Director's judgment, any person has engaged, or is about to engage, in any acts or practices which constitute, or will constitute, a violation of this Act, or any [*rule or regulation*] adopted under this Act, the Director shall apply to any court of competent jurisdiction for an order enjoining such acts and practices. Upon the Director's showing that such person has engaged, or is about to engage, in any such acts or practices, an injunction, restraining order, or such other order as may be appropriate shall be granted by such court without bond.

Section 11. Construction.

- (a) Nothing in this Act shall be construed as creating or recognizing a right to abortion.
- (b) Nothing in this Act makes lawful an abortion that is currently unlawful.

Section 12. Right of Intervention.

The [*Legislature*], by joint resolution, may appoint one or more of its members, who sponsored or cosponsored this Act in his or her official capacity, to intervene as a matter of right in any case in which the constitutionality of this Act, any portion thereof or any [*rule or regulation*] adopted under this Act, wholly or partly, is challenged.

Section 13. Severability.

Any provision of this Act held to be invalid or unenforceable by its terms, or as applied to any person or circumstance, shall be construed so as to give it the maximum effect permitted by law, unless such holding shall be one of utter invalidity or unenforceability, in which event such provision shall be deemed severable from this Act and shall not affect the remainder of this Act or the application of such provision to other persons not similarly situated or to other, dissimilar circumstances.

Section 14. Effective Date.

This Act takes effect on [*Insert date*].

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