

ORDINANCE CERTIFICATION

I certify that upon final enactment of Ordinance No. 81-71 of the Kenai Peninsula borough, this certification of the actions taken by me conforms with the rules and regulations governing ordinances.

1. Publication: Publication has been made by causing a summary of this ordinance to be inserted one time in a newspaper of general circulation in the borough. One copy of this ordinance as set for hearing, together with Notice of Hearing has been mailed to the city clerks of each first class city in the borough and to each postoffice in the borough with a request for posting on the City Hall and Post Office bulletin boards for 10 days immediately following receipt.
2. After adoption of this ordinance, one copy will be mailed to the city clerk of each first class city in the borough.

This ordinance was ENACTED by the assembly of the Kenai Peninsula Borough on the 21 day of July, 1981 and will become effective immediately.

Frances Bryner  
Borough Clerk

Date:

Introduced by: Fischer  
Date: June 16, 1981  
Hearing: July 21, 1981  
Vote: 13 Yes, 3 No  
Action: Enacted as amended

KENAI PENINSULA BOROUGH

ORDINANCE 81-71

AMENDING SECTION 10 OF THE BOROUGH CODE OF ORDINANCES PROVIDING FOR AN INFORMED CONSENT FROM ALL PERSONS UPON WHOM ABORTIONS ARE TO BE PERFORMED AT THE BOROUGH SERVICE AREA GENERAL HOSPITALS, OR OTHER BOROUGH PUBLIC FACILITIES.

WHEREAS, the Borough owns the Central Peninsula General Hospital and the South Peninsula General Hospital; and

WHEREAS, the Assembly desires that all patients upon whom abortions are performed at the Borough public facilities are made fully aware of the implications of the operation and that each patient certify that she has been fully informed; and

WHEREAS, in a sound legal and medical practice that all patients upon whom operations are performed give their informed consent to the procedure, so as to minimize any potential legal liability of the hospital, the attending physician, and the Borough;

NOW THEREFORE, BE IT ORDAINED BY THE ASSEMBLY OF THE KENAI PENINSULA BOROUGH:

Section 1. That Title 10 of the Borough Code of ordinances is amended by adding a new chapter, to be numbered 10.12, which reads as follows:

Chapter 10.12

Performance of Abortions at Borough-owned Facilities

Section 10.12.010. No abortion may be performed in a hospital, clinic, out-patient, office building, emergency or other health care facility constructed, owned, renovated, or maintained through the use of Borough funds or Borough service area tax revenues, unless a physician or registered nurse has first presented to the patient, and the patient has executed, a copy of an Explanation and Informed Consent to Abortion. The Explanation and Informed Consent to Abortion shall be in the form prescribed by the Assembly from time to time. The patient shall sign the copy of the Explanation and Informed Consent to Abortion indicating that she has received the copy

and read it prior to performance of the abortion and indicating the time and date of the signature.

Section 10.12.020. A. No abortion may be performed in a covered facility within four hours after the patient has received the attached Explanation and Informed Consent to Abortion and the counseling and information called for therein. The abortion, if performed, need not be performed by the same physician who provided the counseling and information.

B. The provisions of Section 10.12.010 and Section 10.12.020, Subsection A, shall not apply in the event that there exists a medical emergency which warrants immediate admission of the patient and performance of the abortion. In such instances, the attending physician shall describe the basis of his medical judgment that such an emergency exists in a form prescribed by the Assembly.

C. Information relating to the physical development of the fetus may be based upon the physician's best information and judgment, and does not require any specific testing or other procedures.

Section 10.12.030. A. With respect to each abortion performed in a covered facility, the attending physician shall certify on a form prescribed by the Assembly that with respect to any patient under the age of 17 years, reasonable efforts were made to notify parents or guardians prior to performing the abortion, provided that, such efforts shall not require delay of the abortion beyond the four hour waiting period provided above.

B. Each physician shall maintain copies of every Explanation and Informed Consent to Abortion for a period of seven years. Such forms are confidential and may be released only with the written approval of the patient, by court order, or otherwise pursuant to law.

Section 10.12.040. If any provision or application of this ordinance is held invalid, then such invalidity shall not affect the other provisions or applications of this ordinance which can be given effect without the invalid provision or application,

and to this end, the provisions of this ordinance are declared to be severable.

Section 2. That the form entitled Explanation and Informed Consent to Abortion attached to this ordinance as Attachment A is adopted for use as provided in Chapter 10.12.

Section 3. That this ordinance takes effect immediately upon its enactment.

ENACTED BY THE ASSEMBLY OF THE KENAI PENINSULA BOROUGH ON THIS 21st DAY OF July, 1981.

Paula Fischer  
Paul Fischer, Assembly President

ATTEST:

Francis Beymer  
Borough Clerk

EXPLANATION AND INFORMED CONSENT TO ABORTION

Patient's Name \_\_\_\_\_

Patient's Address \_\_\_\_\_

Patient's Age \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

I was given full explanation of this form, and it was delivered to me at \_\_\_\_\_, \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 1981, at \_\_\_\_\_ o'clock \_\_.M.

My above named physician has confirmed that I am in fact pregnant:

\_\_\_\_\_ YES \_\_\_\_\_ NO

He has expressed the opinion that I am \_\_\_\_\_ weeks pregnant and that the fetus that I am carrying (is) (is not) viable.

I have requested information about the physical development of the fetus. \_\_\_\_\_ YES \_\_\_\_\_ NO

My physician has given me information about the following aspects of the physical development of the fetus at the time the abortion is to be performed:

Approximate weight \_\_\_\_\_ Approximate length \_\_\_\_\_  
Heart beat \_\_\_\_\_ YES \_\_\_\_\_ NO  
Skeletal development \_\_\_\_\_ YES \_\_\_\_\_ NO  
Reflexes, movement and sensitivity \_\_\_\_\_ YES \_\_\_\_\_ NO  
Brain wave patterns \_\_\_\_\_ YES \_\_\_\_\_ NO  
Likelihood that fetus will survive the abortion  
\_\_\_\_\_ YES \_\_\_\_\_ NO

My physician has discussed with me the possibility of the following complications from the abortion:

Hemorrhaging \_\_\_\_\_ YES \_\_\_\_\_ NO  
Perforation of the uterus \_\_\_\_\_ YES \_\_\_\_\_ NO  
Infection \_\_\_\_\_ YES \_\_\_\_\_ NO  
Increased danger of premature births and tubal pregnancies in subsequent pregnancies  
\_\_\_\_\_ YES \_\_\_\_\_ NO  
Sterility \_\_\_\_\_ YES \_\_\_\_\_ NO  
Mental Depression \_\_\_\_\_ YES \_\_\_\_\_ NO

My physician has discussed with me the availability of the following alternative to the abortion:

1. Free and confidential counseling at various social services agencies, after which I may still decide to have the abortion if I choose.  YES  NO
2. Adoption.  YES  NO
3. Financial Aid.  YES  NO
4. Medical Assistance.  YES  NO
5. Foster Homes.  YES  NO

and he has advised me on how to obtain this assistance.  
 YES  NO

My physician has advised me that I may not give my informed consent to the abortion nor may the abortion be performed until after this form has been explained to me by my physician and I have it in my possession not less than 4 hours.  
 YES  NO

I hereby consent to my physician performing on me, the abortion procedure commonly known as \_\_\_\_\_, as explained above. I further consent to the use of anesthetics, x-ray, medication and other treatments as ordered by my physician.

I certify that the information printed on this form was fully explained to me by my physician and that I have had this form in my possession not less than 4 hours after that explanation and this form were given to me.

IN WITNESS WHEREOF, I have hereunto freely and voluntarily set my signature at \_\_\_\_\_, on this day of \_\_\_\_\_, 1981, at \_\_\_\_\_ o'clock \_\_.M. (EST) (CST).

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Printed or Typed Name of  
Witness

\_\_\_\_\_  
Printed or Typed Name of  
Patient

\_\_\_\_\_  
Printed or Typed Address of  
Witness

My physician has explained to me the following method  
of abortion and we have decided to use the:

\_\_\_\_\_  
\_\_\_\_\_ method.

I, Dr. \_\_\_\_\_, M.D., the attending physician  
named in the above informed consent hereby certify that the  
above patient was counseled with regard to the information  
printed on the form and the form was delivered to her not less  
than 4 hours prior to her giving her informed consent to the  
abortion and the abortion being performed, that, if patient is  
under the age of 17 years, I attempted to notify her parents or  
guardian in the following manner:

\_\_\_\_\_  
\_\_\_\_\_.

Certified at \_\_\_\_\_,  
on this \_\_\_\_\_ day of \_\_\_\_\_, 1981, at \_\_\_\_\_  
o'clock \_\_.M.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed or Typed Name and Address  
of Physician

I, Dr. \_\_\_\_\_, M.D., the attending physician named in the above informed consent hereby certify that the above patient was counseled with regard to the information printed on the form and the form was delivered to her not less than 4 hours prior to her giving her informed consent to the abortion and the abortion being performed, that, if patient is under the age of 17 years, I attempted to notify her parents or guardian in the following manner:

\_\_\_\_\_  
\_\_\_\_\_

Certified at \_\_\_\_\_, \_\_\_\_\_,  
on this \_\_\_\_\_ day of \_\_\_\_\_, 1981, at \_\_\_\_\_  
o'clock \_\_\_\_M.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
\_\_\_\_\_  
Printed or Typed Name and Address  
of Physician



My physician has explained to me the following method  
of abortion and we have decided to use the:

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method.

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