

108TH CONGRESS
1ST SESSION

S. 3

AN ACT

To prohibit the procedure commonly known as partial-birth
abortion.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Partial-Birth Abortion
5 Ban Act of 2003”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds and declares the following:

3 (1) A moral, medical, and ethical consensus ex-
4 ists that the practice of performing a partial-birth
5 abortion—an abortion in which a physician delivers
6 an unborn child’s body until only the head remains
7 inside the womb, punctures the back of the child’s
8 skull with a Sharp instrument, and sucks the child’s
9 brains out before completing delivery of the dead in-
10 fant—is a gruesome and inhumane procedure that is
11 never medically necessary and should be prohibited.

12 (2) Rather than being an abortion procedure
13 that is embraced by the medical community, particu-
14 larly among physicians who routinely perform other
15 abortion procedures, partial-birth abortion remains a
16 disfavored procedure that is not only unnecessary to
17 preserve the health of the mother, but in fact poses
18 serious risks to the long-term health of women and
19 in some circumstances, their lives. As a result, at
20 least 27 States banned the procedure as did the
21 United States Congress which voted to ban the pro-
22 cedure during the 104th, 105th, and 106th Con-
23 gresses.

24 (3) In *Stenberg v. Carhart* (530 U.S. 914, 932
25 (2000)), the United States Supreme Court opined
26 “that significant medical authority supports the

1 proposition that in some circumstances, [partial
2 birth abortion] would be the safest procedure” for
3 pregnant women who wish to undergo an abortion.
4 Thus, the Court struck down the State of Nebras-
5 ka’s ban on partial-birth abortion procedures, con-
6 cluding that it placed an “undue burden” on women
7 seeking abortions because it failed to include an ex-
8 ception for partial-birth abortions deemed necessary
9 to preserve the “health” of the mother.

10 (4) In reaching this conclusion, the Court de-
11 ferred to the Federal district court’s factual findings
12 that the partial-birth abortion procedure was statis-
13 tically and medically as safe as, and in many cir-
14 cumstances safer than, alternative abortion proce-
15 dures.

16 (5) However, the great weight of evidence pre-
17 sented at the Stenberg trial and other trials chal-
18 lenging partial-birth abortion bans, as well as at ex-
19 tensive Congressional hearings, demonstrates that a
20 partial-birth abortion is never necessary to preserve
21 the health of a woman, poses significant health risks
22 to a woman upon whom the procedure is performed,
23 and is outside of the standard of medical care.

24 (6) Despite the dearth of evidence in the
25 Stenberg trial court record supporting the district

1 court’s findings, the United States Court of Appeals
2 for the Eighth Circuit and the Supreme Court re-
3 fused to set aside the district court’s factual findings
4 because, under the applicable standard of appellate
5 review, they were not “clearly erroneous”. A finding
6 of fact is clearly erroneous “when although there is
7 evidence to support it, the reviewing court on the en-
8 tire evidence is left with the definite and firm convic-
9 tion that a mistake has been committed”. *Anderson*
10 *v. City of Bessemer City, North Carolina* (470 U.S.
11 564, 573 (1985)). Under this standard, “if the dis-
12 trict court’s account of the evidence is plausible in
13 light of the record viewed in its entirety, the court
14 of appeals may not reverse it even though convinced
15 that had it been sitting as the trier of fact, it would
16 have weighed the evidence differently” (*Id.* at 574).

17 (7) Thus, in *Stenberg*, the United States Su-
18 preme Court was required to accept the very ques-
19 tionable findings issued by the district court judge—
20 the effect of which was to render null and void the
21 reasoned factual findings and policy determinations
22 of the United States Congress and at least 27 State
23 legislatures.

24 (8) However, under well-settled Supreme Court
25 jurisprudence, the United States Congress is not

1 bound to accept the same factual findings that the
2 Supreme Court was bound to accept in *Stenberg*
3 under the “clearly erroneous” standard. Rather, the
4 United States Congress is entitled to reach its own
5 factual findings—findings that the Supreme Court
6 accords great deference—and to enact legislation
7 based upon these findings so long as it seeks to pur-
8 sue a legitimate interest that is within the scope of
9 the Constitution, and draws reasonable inferences
10 based upon substantial evidence.

11 (9) In *Katzenbach v. Morgan* (384 U.S. 641
12 (1966)), the Supreme Court articulated its highly
13 deferential review of Congressional factual findings
14 when it addressed the constitutionality of section
15 4(e) of the Voting Rights Act of 1965. Regarding
16 Congress’ factual determination that section 4(e)
17 would assist the Puerto Rican community in “gain-
18 ing nondiscriminatory treatment in public services,”
19 the Court stated that “[i]t was for Congress, as the
20 branch that made this judgment, to assess and
21 weigh the various conflicting considerations. . . . It
22 is not for us to review the congressional resolution
23 of these factors. It is enough that we be able to per-
24 ceive a basis upon which the Congress might resolve
25 the conflict as it did. There plainly was such a basis

1 to support section 4(e) in the application in question
2 in this case.” (Id. at 653).

3 (10) Katzenbach’s highly deferential review of
4 Congress’s factual conclusions was relied upon by
5 the United States District Court for the District of
6 Columbia when it upheld the “bail-out” provisions of
7 the Voting Rights Act of 1965, (42 U.S.C. 1973c),
8 stating that “congressional fact finding, to which we
9 are inclined to pay great deference, strengthens the
10 inference that, in those jurisdictions covered by the
11 Act, state actions discriminatory in effect are dis-
12 criminatory in purpose”. *City of Rome, Georgia v.*
13 *U.S.* (472 F. Supp. 221 (D. D. Col. 1979)) *aff’d*
14 *City of Rome, Georgia v. U.S.* (46 U.S. 156 (1980)).

15 (11) The Court continued its practice of defer-
16 ring to congressional factual findings in reviewing
17 the constitutionality of the must-carry provisions of
18 the Cable Television Consumer Protection and Com-
19 petition Act of 1992. See *Turner Broadcasting Sys-*
20 *tem, Inc. v. Federal Communications Commission*
21 (512 U.S. 622 (1994) (Turner I)) and *Turner*
22 *Broadcasting System, Inc. v. Federal Communica-*
23 *tions Commission* (520 U.S. 180 (1997) (Turner
24 II)). At issue in the Turner cases was Congress’ leg-
25 islative finding that, absent mandatory carriage

1 rules, the continued viability of local broadcast tele-
2 vision would be “seriously jeopardized”. The Turner
3 I Court recognized that as an institution, “Congress
4 is far better equipped than the judiciary to ‘amass
5 and evaluate the vast amounts of data’ bearing upon
6 an issue as complex and dynamic as that presented
7 here” (512 U.S. at 665–66). Although the Court
8 recognized that “the deference afforded to legislative
9 findings does ‘not foreclose our independent judg-
10 ment of the facts bearing on an issue of constitu-
11 tional law,’” its “obligation to exercise independent
12 judgment when First Amendment rights are impli-
13 cated is not a license to reweigh the evidence de
14 novo, or to replace Congress’ factual predictions with
15 our own. Rather, it is to assure that, in formulating
16 its judgments, Congress has drawn reasonable infer-
17 ences based on substantial evidence.” (Id. at 666).

18 (12) Three years later in Turner II, the Court
19 upheld the “must-carry” provisions based upon Con-
20 gress’ findings, stating the Court’s “sole obligation
21 is ‘to assure that, in formulating its judgments, Con-
22 gress has drawn reasonable inferences based on sub-
23 stantial evidence.’” (520 U.S. at 195). Citing its
24 ruling in Turner I, the Court reiterated that “[w]e
25 owe Congress’ findings deference in part because the

1 institution ‘is far better equipped than the judiciary
2 to “amass and evaluate the vast amounts of data”
3 bearing upon’ legislative questions,” (Id. at 195),
4 and added that it “owe[d] Congress’ findings an ad-
5 ditional measure of deference out of respect for its
6 authority to exercise the legislative power.” (Id. at
7 196).

8 (13) There exists substantial record evidence
9 upon which Congress has reached its conclusion that
10 a ban on partial-birth abortion is not required to
11 contain a “health” exception, because the facts indi-
12 cate that a partial-birth abortion is never necessary
13 to preserve the health of a woman, poses serious
14 risks to a woman’s health, and lies outside the
15 standard of medical care. Congress was informed by
16 extensive hearings held during the 104th, 105th,
17 and 107th Congresses and passed a ban on partial-
18 birth abortion in the 104th, 105th, and 106th Con-
19 gresses. These findings reflect the very informed
20 judgment of the Congress that a partial-birth abor-
21 tion is never necessary to preserve the health of a
22 woman, poses serious risks to a woman’s health, and
23 lies outside the standard of medical care, and
24 should, therefore, be banned.

1 (14) Pursuant to the testimony received during
2 extensive legislative hearings during the 104th,
3 105th, and 107th Congresses, Congress finds and
4 declares that:

5 (A) Partial-birth abortion poses serious
6 risks to the health of a woman undergoing the
7 procedure. Those risks include, among other
8 things: an increase in a woman’s risk of suf-
9 fering from cervical incompetence, a result of
10 cervical dilation making it difficult or impos-
11 sible for a woman to successfully carry a subse-
12 quent pregnancy to term; an increased risk of
13 uterine rupture, abruption, amniotic fluid embo-
14 lus, and trauma to the uterus as a result of
15 converting the child to a footling breech posi-
16 tion, a procedure which, according to a leading
17 obstetrics textbook, “there are very few, if any,
18 indications for . . . other than for delivery of
19 a second twin”; and a risk of lacerations and
20 secondary hemorrhaging due to the doctor
21 blindly forcing a sharp instrument into the base
22 of the unborn child’s skull while he or she is
23 lodged in the birth canal, an act which could re-
24 sult in severe bleeding, brings with it the threat

1 of shock, and could ultimately result in mater-
2 nal death.

3 (B) There is no credible medical evidence
4 that partial-birth abortions are safe or are safer
5 than other abortion procedures. No controlled
6 studies of partial-birth abortions have been con-
7 ducted nor have any comparative studies been
8 conducted to demonstrate its safety and efficacy
9 compared to other abortion methods. Further-
10 more, there have been no articles published in
11 peer-reviewed journals that establish that par-
12 tial-birth abortions are superior in any way to
13 established abortion procedures. Indeed, unlike
14 other more commonly used abortion procedures,
15 there are currently no medical schools that pro-
16 vide instruction on abortions that include the
17 instruction in partial-birth abortions in their
18 curriculum.

19 (C) A prominent medical association has
20 concluded that partial-birth abortion is “not an
21 accepted medical practice,” that it has “never
22 been subject to even a minimal amount of the
23 normal medical practice development,” that
24 “the relative advantages and disadvantages of
25 the procedure in specific circumstances remain

1 unknown,” and that “there is no consensus
2 among obstetricians about its use”. The asso-
3 ciation has further noted that partial-birth
4 abortion is broadly disfavored by both medical
5 experts and the public, is “ethically wrong,”
6 and “is never the only appropriate procedure”.

7 (D) Neither the plaintiff in *Stenberg v.*
8 *Carhart*, nor the experts who testified on his
9 behalf, have identified a single circumstance
10 during which a partial-birth abortion was nec-
11 essary to preserve the health of a woman.

12 (E) The physician credited with developing
13 the partial-birth abortion procedure has testi-
14 fied that he has never encountered a situation
15 where a partial-birth abortion was medically
16 necessary to achieve the desired outcome and,
17 thus, is never medically necessary to preserve
18 the health of a woman.

19 (F) A ban on the partial-birth abortion
20 procedure will therefore advance the health in-
21 terests of pregnant women seeking to terminate
22 a pregnancy.

23 (G) In light of this overwhelming evidence,
24 Congress and the States have a compelling in-
25 terest in prohibiting partial-birth abortions. In

1 addition to promoting maternal health, such a
2 prohibition will draw a bright line that clearly
3 distinguishes abortion and infanticide, that pre-
4 serves the integrity of the medical profession,
5 and promotes respect for human life.

6 (H) Based upon *Roe v. Wade* (410 U.S.
7 113 (1973)) and *Planned Parenthood v. Casey*
8 (505 U.S. 833 (1992)), a governmental interest
9 in protecting the life of a child during the deliv-
10 ery process arises by virtue of the fact that dur-
11 ing a partial-birth abortion, labor is induced
12 and the birth process has begun. This distinc-
13 tion was recognized in *Roe* when the Court
14 noted, without comment, that the Texas partu-
15 rition statute, which prohibited one from killing
16 a child “in a state of being born and before ac-
17 tual birth,” was not under attack. This interest
18 becomes compelling as the child emerges from
19 the maternal body. A child that is completely
20 born is a full, legal person entitled to constitu-
21 tional protections afforded a “person” under
22 the United States Constitution. Partial-birth
23 abortions involve the killing of a child that is in
24 the process, in fact mere inches away from, be-
25 coming a “person”. Thus, the government has

1 a heightened interest in protecting the life of
2 the partially-born child.

3 (I) This, too, has not gone unnoticed in
4 the medical community, where a prominent
5 medical association has recognized that partial-
6 birth abortions are “ethically different from
7 other destructive abortion techniques because
8 the fetus, normally twenty weeks or longer in
9 gestation, is killed outside of the womb”. Ac-
10 cording to this medical association, the “‘par-
11 tial birth’ gives the fetus an autonomy which
12 separates it from the right of the woman to
13 choose treatments for her own body”.

14 (J) Partial-birth abortion also confuses the
15 medical, legal, and ethical duties of physicians
16 to preserve and promote life, as the physician
17 acts directly against the physical life of a child,
18 whom he or she had just delivered, all but the
19 head, out of the womb, in order to end that life.
20 Partial-birth abortion thus appropriates the ter-
21 minology and techniques used by obstetricians
22 in the delivery of living children—obstetricians
23 who preserve and protect the life of the mother
24 and the child—and instead uses those tech-
25 niques to end the life of the partially-born child.

1 (K) Thus, by aborting a child in the man-
2 ner that purposefully seeks to kill the child
3 after he or she has begun the process of birth,
4 partial-birth abortion undermines the public's
5 perception of the appropriate role of a physician
6 during the delivery process, and perverts a
7 process during which life is brought into the
8 world, in order to destroy a partially-born child.

9 (L) The gruesome and inhumane nature of
10 the partial-birth abortion procedure and its dis-
11 turbingly similar to the killing of a newborn in-
12 fant promotes a complete disregard for infant
13 human life that can only be countered by a pro-
14 hibition of the procedure.

15 (M) The vast majority of babies killed dur-
16 ing partial-birth abortions are alive until the
17 end of the procedure. It is a medical fact, how-
18 ever, that unborn infants at this stage can feel
19 pain when subjected to painful stimuli and that
20 their perception of this pain is even more in-
21 tense than that of newborn infants and older
22 children when subjected to the same stimuli.
23 Thus, during a partial-birth abortion procedure,
24 the child will fully experience the pain associ-

1 ated with piercing his or her skull and sucking
2 out his or her brain.

3 (N) Implicitly approving such a brutal and
4 inhumane procedure by choosing not to prohibit
5 it will further coarsen society to the humanity
6 of not only newborns, but all vulnerable and in-
7 nocent human life, making it increasingly dif-
8 ficult to protect such life. Thus, Congress has
9 a compelling interest in acting—indeed it must
10 act—to prohibit this inhumane procedure.

11 (O) For these reasons, Congress finds that
12 partial-birth abortion is never medically indi-
13 cated to preserve the health of the mother; is in
14 fact unrecognized as a valid abortion procedure
15 by the mainstream medical community; poses
16 additional health risks to the mother; blurs the
17 line between abortion and infanticide in the kill-
18 ing of a partially-born child just inches from
19 birth; and confuses the role of the physician in
20 childbirth and should, therefore, be banned.

21 **SEC. 3. PROHIBITION ON PARTIAL-BIRTH ABORTIONS.**

22 (a) IN GENERAL.—Title 18, United States Code, is
23 amended by inserting after chapter 73 the following:

1 **“CHAPTER 74—PARTIAL-BIRTH**
 2 **ABORTIONS**

“Sec.

“1531. Partial-birth abortions prohibited.

3 **“§ 1531. Partial-birth abortions prohibited**

4 “(a) Any physician who, in or affecting interstate or
 5 foreign commerce, knowingly performs a partial-birth
 6 abortion and thereby kills a human fetus shall be fined
 7 under this title or imprisoned not more than 2 years, or
 8 both. This subsection does not apply to a partial-birth
 9 abortion that is necessary to save the life of a mother
 10 whose life is endangered by a physical disorder, physical
 11 illness, or physical injury, including a life-endangering
 12 physical condition caused by or arising from the pregnancy
 13 itself. This subsection takes effect 1 day after the date
 14 of enactment of this chapter.

15 “(b) As used in this section—

16 “(1) the term ‘partial-birth abortion’ means an
 17 abortion in which—

18 “(A) the person performing the abortion
 19 deliberately and intentionally vaginally delivers
 20 a living fetus until, in the case of a head-first
 21 presentation, the entire fetal head is outside the
 22 body of the mother, or, in the case of breech
 23 presentation, any part of the fetal trunk past
 24 the navel is outside the body of the mother for

1 the purpose of performing an overt act that the
2 person knows will kill the partially delivered liv-
3 ing fetus; and

4 “(B) performs the overt act, other than
5 completion of delivery, that kills the partially
6 delivered living fetus; and

7 “(2) the term ‘physician’ means a doctor of medicine
8 or osteopathy legally authorized to practice medicine and
9 surgery by the State in which the doctor performs such
10 activity, or any other individual legally authorized by the
11 State to perform abortions: *Provided, however,* That any
12 individual who is not a physician or not otherwise legally
13 authorized by the State to perform abortions, but who nev-
14 ertheless directly performs a partial-birth abortion, shall
15 be subject to the provisions of this section.

16 “(c)(1) The father, if married to the mother at the
17 time she receives a partial-birth abortion procedure, and
18 if the mother has not attained the age of 18 years at the
19 time of the abortion, the maternal grandparents of the
20 fetus, may in a civil action obtain appropriate relief, unless
21 the pregnancy resulted from the plaintiff’s criminal con-
22 duct or the plaintiff consented to the abortion.

23 “(2) Such relief shall include—

1 “(A) money damages for all injuries, psycho-
2 logical and physical, occasioned by the violation of
3 this section; and

4 “(B) statutory damages equal to three times
5 the cost of the partial-birth abortion.

6 “(d)(1) A defendant accused of an offense under this
7 section may seek a hearing before the State Medical Board
8 on whether the physician’s conduct was necessary to save
9 the life of the mother whose life was endangered by a
10 physical disorder, physical illness, or physical injury, in-
11 cluding a life-endangering physical condition caused by or
12 arising from the pregnancy itself.

13 “(2) The findings on that issue are admissible on that
14 issue at the trial of the defendant. Upon a motion of the
15 defendant, the court shall delay the beginning of the trial
16 for not more than 30 days to permit such a hearing to
17 take place.

18 “(e) A woman upon whom a partial-birth abortion is
19 performed may not be prosecuted under this section, for
20 a conspiracy to violate this section, or for an offense under
21 section 2, 3, or 4 of this title based on a violation of this
22 section.”.

23 (b) CLERICAL AMENDMENT.—The table of chapters
24 for part I of title 18, United States Code, is amended by

1 inserting after the item relating to chapter 73 the fol-
2 lowing new item:

“74. Partial-birth abortions 1531”.

3 **SEC. 4. SENSE OF THE SENATE CONCERNING ROE V. WADE.**

4 (a) FINDINGS.—The Senate finds that—

5 (1) abortion has been a legal and constitu-
6 tionally protected medical procedure throughout the
7 United States since the Supreme Court decision in
8 Roe v. Wade (410 U.S. 113 (1973)); and

9 (2) the 1973 Supreme Court decision in Roe v.
10 Wade established constitutionally based limits on the
11 power of States to restrict the right of a woman to
12 choose to terminate a pregnancy.

13 (b) SENSE OF THE SENATE.—It is the sense of the
14 Senate that—

15 (1) the decision of the Supreme Court in Roe
16 v. Wade (410 U.S. 113 (1973)) was appropriate and
17 secures an important constitutional right; and

18 (2) such decision should not be overturned.

Passed the Senate March 13, 2003.

Attest:

Secretary.

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