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## FISCAL IMPACT REPORT

SPONSOR Jones/Moya/Terrazas/Montoya LAST UPDATED \_\_\_\_\_  
ORIGINAL DATE 2/28/2023  
BILL  
SHORT TITLE Abortion Clinic Licensing NUMBER House Bill 513  
ANALYST Chilton

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\* (dollars in thousands)

	FY23	FY24	FY25	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
		No fiscal impact	No fiscal impact	No fiscal impact		
<b>Total</b>						

Parentheses ( ) indicate expenditure decreases.

\*Amounts reflect most recent analysis of this legislation.

Relates to House Bills 511 and House Bill 258.

### Sources of Information

LFC Files

#### Responses Received From

Regulation and Licensing Department (RLD)

Department of Health (DOH)

## SUMMARY

### Synopsis of House Bill 513

House Bill 513 would require the Department of Health to license, inspect, and regulate abortion clinics. In Section 2 of the bill, “abortion clinic” is defined as a facility, other than a licensed hospital, that provides any second- or third-trimester abortions or more than four first-trimester abortions per year. The definition of “abortion” definition excludes using a device or medication to save the life or health of the mother or unborn child or to cause the expulsion of a dead unborn child.

Section 3 of the law requires DOH to establish an abortion clinic license procedure and to regulate and inspect each such facility.

This bill does not contain an effective date and, as a result, would go into effect June 16, 2023, (90 days after the Legislature adjourns) if signed into law.

## FISCAL IMPLICATIONS

There is no appropriation in House Bill 513. Neither RLD nor DOH anticipate a fiscal impact to those agencies because neither has the authority to regulate physician offices. If given that authority, there would be a cost attached. If women were driven to obtain unsafe abortions due to the inability to access safe abortion providers, there would be a cost to their subsequent medical care.

## SIGNIFICANT ISSUES

According to the Guttmacher Institute, “In the United States, the unintended pregnancy rate declined 23% between 1990-1994 and 2015-2019. During the same period, the abortion rate declined 48%. The share of unintended pregnancies ending in abortion fell from 50% to 34%.”

Doctors Without Borders, which deals with safe and unsafe abortions around the world, states:

An abortion is considered safe if it is done with a method recommended by the World Health Organization and appropriate to the pregnancy duration, and if the person providing or supporting the abortion is trained. If either of these conditions is not met, the abortion is unsafe. The two main categories for unsafe abortions are “less safe” and “least safe.” Less safe abortions involve either an outdated, unsafe method or a lack of access to proper information, while least safe abortions involve both. Examples we see in our projects include Inserting sharp sticks or needles into the uterus, ingesting harmful substances such as bleach, battery acid, or chlorine, using external force on the abdomen, and using medications incorrectly and without appropriate support. Out of 25 million unsafe abortions each year, almost one-third occur under the least safe, most dangerous conditions.

Anyone with an unwanted pregnancy who cannot access safe abortion services is at risk of injury or death from unsafe abortion. Barriers to safe abortion, like high cost, legal restrictions, stigma, and objections from health care providers all contribute to higher rates of unsafe abortion. The risk of complications also increases when unsafe abortions are performed later in pregnancy.

## ADMINISTRATIVE IMPLICATIONS

DOH states:

The Public Health Act has not been amended to give authority to the Division of Health Improvement (DHI) to include authority to license abortion clinics as a new type of health facility. Currently DHI does not license physician offices or clinics which perform such procedures ... Private provider practices that perform abortions are operated and licensed as private provider offices which are not licensed by DHI. Physicians fall under the authority and oversight of the medical board that licenses and regulates medical professionals.

## RELATIONSHIP

HB513 relates to the following bills:

- HB7, Reproductive and Gender-Affirming Health Care

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- HB258, Crime of Providing Abortions
- HB438, Parental Notification of Abortion Act
- HB441, Medical Care for All Infants Born Alive
- HB468, Born Alive Act
- HB511, Standards of Women’s Health Care
- HB513, Abortion Clinic Licensing
- SB13, Reproductive Health Provider Protections
- SB459, Partial and Late-Term Abortion Bans

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