

A wooden gavel with a brass band and a silver stethoscope are positioned on a blue surface. The gavel is in the upper left, and the stethoscope is in the lower left. The background is a gradient of blue.

MEDICAL EQUITY NOW

*Model legislation
revealing the hypocrisy
of abortion restrictions*

A supplement to the *Playbook for Abortion Rights*

MEDICAL EQUITY NOW:

Model legislation revealing the hypocrisy of abortion restrictions

A supplement to the *Playbook for Abortion Rights*

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The Public Leadership Institute is a nonprofit educational group organized to raise public awareness on key issues and to develop public leaders who will improve the economic and social conditions of all Americans.

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INTRODUCTION

Why Use Satire?

There's nothing funny about the war on women—or is there? Satire, irony and sarcasm have played a role in debates over public policy for at least 2,500 years—since the age of Aristophanes. Today's ideological debates are so intense that sometimes a small quiet farce can be more effective than yelling. Humor can grab the public's attention and get people to stop and think.

Perhaps we should protect men, because you know they can't be trusted to make reproductive health choices about Viagra. Virginia State Senator Janet Howell proposed an amendment to an infamous bill that required a mandatory “trans-vaginal” ultrasound procedure for women seeking an abortion. Senator Howell's amendment would have required men seeking medication for erectile dysfunction to first undergo a prostate exam and a cardiac stress test. Unlike the ultrasound bill, there was actually a sliver of medical justification for the exam and stress test. This amendment was quite a communications success—it was just a few votes shy of passing the Senate and it made the Virginia anti-abortion movement into a nationwide laughingstock.

Perhaps we should ban vasectomies, making sure to “protect the health of the man.” In response to a bill that would ban abortions after 20 weeks, Georgia State Representative Yasmin Neal sponsored legislation to ban vasectomies. As Rep. Neal explained: “I have introduced this legislation because it is the purpose of the General Assembly to assert an invasive state interest in the reproductive habits of the men of this state and substitute the will of the government over the will of adult men.... This bill mimics the abortion bills throughout the nation, and just like the abortion bills interfere with a woman's right to choose, it's only fair that the General Assembly debate the men's right to choose, as well.”

Perhaps we need to declare that “every sperm is sacred.” To counter a fetal personhood bill, Oklahoma State Senator Constance Johnson sponsored an amendment that says “any action in which a man ejaculates, or otherwise deposits semen, anywhere but in a woman's vagina shall be interpreted and construed as an action against an unborn child.” As Senator Johnson explained, the bill was intended to point out hypocrisy—and it did so successfully.

When attacking anti-abortion legislation where the asserted reasons for the bill are farcical (e.g. TRAP laws as protecting women's health), it is entirely appropriate to point out the farce. This is especially true when the anti-abortion legislative supporters are overwhelmingly men who tell women what they should and should not do with their own bodies. Satirical legislation can attract press attention, educate voters, and provide a creative way to deal with a serious problem.

Medical Equity Now (MEN) Act

Summary: *The Medical Equity Now (MEN) Act directs that as long as the State maintains a particular restriction on abortion (such as insurance bans, waiting periods or mandatory counseling) then in the name of equity the same restriction will apply to men's reproductive health care.*

SECTION 1. SHORT TITLE

This Act shall be called the "Medical Equity Now (MEN) Act."

SECTION 2. FINDINGS AND PURPOSE

(A) FINDINGS—The legislature finds that:

- 1) Legislative bodies of elected officials throughout the United States have expressed extreme concern about the health and safety of women.
- 2) Legislation has been introduced, and much of it has been enacted, to limit the decisions that women are allowed to make about their own health care.
- 3) If women's reproductive health decisions require them to be protected, then so do men's.
- 4) Men cannot be trusted to make decisions in the public interest when it comes to sex. Clearly, a large proportion of men who are in a position to exert governmental power are far more interested in controlling women's sex lives than their own.
- 5) Laws should not discriminate against any group; legislative bodies should instead promote equal treatment for all.

(B) PURPOSE—This law is enacted to safeguard the health of men by extending to men the "protections" that currently target women.

SECTION 3. MEDICAL EQUITY NOW

After section XXX, the following new section XXX shall be inserted:

(A) DEFINITIONS—In this section:

- 1) "Abortion" means any medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth.
- 2) "Men's reproductive health care" means medical care addressing men's reproductive processes and functions.
- 3) "State" means the state government, including every branch, department, agency, instrumentality, or individual acting under color of law of the state or a subdivision of the state.

[Bill drafting note: choose from the following options that correspond to anti-abortion rights laws in your state.]

MODEL LEGISLATION

(B) EQUITY IN REGULATION OF REPRODUCTIVE HEALTH

- 1) As long as the State requires a physician to perform an abortion, the State shall also require a physician to provide and perform men's reproductive health care.
- 2) As long as the State denies public funding for abortion, the State shall also deny public funding for men's reproductive health care.
- 3) As long as the State denies private insurance coverage for abortion, the State shall also deny private insurance coverage for men's reproductive health care.
- 4) As long as the State requires a waiting period before an abortion, the State shall also require a waiting period before a man can receive a men's reproductive health care prescription or procedure.
 - a) As long as the State requires counseling before an abortion, the State shall also require counseling before a men's reproductive health care prescription or procedure, including:
 - b) As long as the State requires physicians to claim a link between breast cancer and abortion, the State shall also require physicians to claim a link between prostate cancer and vasectomy.
 - c) As long as the State requires physicians to claim a link between mental health problems and abortion, the State shall also require physicians to claim a link between dementia and vasectomy.
- 5) As long as the State requires physicians to claim that a fetus of 20 weeks or less can feel pain, the State shall also require physicians to claim that a sperm feels frustration.
- 6) As long as the State requires an ultrasound prior to an abortion procedure, the State shall also require a cystoscopy prior to a men's reproductive health care prescription or procedure.
- 7) As long as the State prohibits a business from profiting from the sale of fetal tissues, the State shall also prohibit a business from profiting from sperm donations.
- 8) As long as the State prohibits the use of telemedicine for medication abortion, the State shall also prohibit the use of telemedicine for men's reproductive health care.
- 9) As long as the State imposes on healthcare facilities that perform abortions special requirements related to the facility's physical plant, construction or renovations, equipment, staffing, infection control, sanitation, or medical waste disposal, or requirements related to credentials, hospital privileges, or other arrangements with hospitals, the State shall also impose the same requirements on facilities that provide men's reproductive health care.

SECTION 5. EFFECTIVE DATE

This Act shall take effect on XXXX 1, 2016.

Protect Men in Reproductive Health Act

Summary: *The Protect Men in Reproductive Health Act ensures that men who seek medication for erectile dysfunction must wait before starting treatment to think about the risks and document a legitimate moral need.*

SECTION 1. SHORT TITLE

This Act shall be called the “Protect Men in Reproductive Health Act.”

SECTION 2. FINDINGS AND PURPOSE

(A) FINDINGS—The legislature finds that:

- 1) Erectile dysfunction medications include Viagra, Cialis, Levitra and Avanafil. Other treatments for erectile dysfunction include self injections, urethral suppository and testosterone replacement.
- 2) Alternative treatments for erectile dysfunction include penis pumps, penile implants, blood vessel surgery and psychological counseling.
- 3) Complications resulting from erectile dysfunction can include an unsatisfactory sex life, stress or anxiety, embarrassment or low self-esteem, relationship problems, and the inability to get one’s partner pregnant.
- 4) Risk factors that contribute to erectile dysfunction include medical conditions such as diabetes or heart conditions, tobacco use, being overweight, certain medical treatments, medications, psychological conditions, drug and alcohol use, and prolonged bicycling.
- 5) Erectile dysfunction treatments can cause serious side effects such as priapism, an erection that will not go away and lasts more than four hours, sudden vision loss in one or both eyes, and sudden decrease in hearing.
- 6) The most common side effects of erectile dysfunction treatments are headaches, flushing, upset stomach, abnormal vision, stuffy or runny nose, back pain, muscle pain, nausea, dizziness and rash.
- 7) Erectile dysfunction treatments may affect the way other medicines work, and other medicines may affect the way erectile dysfunction treatments work, which could cause side effects.

(B) PURPOSE—This law is enacted to protect men by informing those seeking medication for erectile dysfunction of the risks, possible side effects, and ramifications.

SECTION 3. PROTECT MEN FROM THEIR OWN DECISIONS

After section XXX, the following new section XXX shall be inserted:

MODEL LEGISLATION

(A) PROTECTING MEN FROM IMMORALITY

- 1) Prior to issuing a prescription for a drug intended to treat symptoms of erectile dysfunction, to protect the man's morality, a physician shall:
 - a) Prescribe a drug for erectile dysfunction only to a man who is currently married;
 - b) Require a man to produce a signed and dated letter from the man's current spouse providing consent for a prescription for erectile dysfunction; and
 - c) Require a man to make a sworn statement with his hand on a Bible that he will only use a prescription for erectile dysfunction treatment when having sexual relations with his current spouse.
- 2) For purposes of this section, a non-believer can affirm with his hand on the United States Constitution.

(B) PROTECTING MEN FROM DANGEROUS DRUGS AND PROCEDURES

- 1) No person other than a physician shall issue a prescription for a drug intended to treat symptoms of erectile dysfunction.
- 2) Prior to issuing a prescription for a drug intended to treat symptoms of erectile dysfunction, to protect the man's health a physician shall:
 - a) First refer the patient to a sexual therapist approved by the state medical board for an assessment of the possible causes of the patient's symptoms of erectile dysfunction and obtain a written report in which the therapist concludes that the patient's symptoms are not solely attributable to one or more psychological conditions;
 - b) Conduct a cardiac stress test and obtain a result, described in writing, indicating that the patient's cardiac health is compatible with sexual activity;
 - c) Notify the patient in writing of the risks and potential complications associated with taking drugs to treat erectile dysfunction and obtain the patient's signature on a form acknowledging the patient's receipt of the notification;
 - d) Provide information on non-pharmaceutical treatments for erectile dysfunction, including sexual counseling and resources for patients to pursue celibacy as a viable lifestyle choice.
 - e) Require the patient to have two office visits on two different calendar days so that the patient can consider the serious implications of his choice;
 - f) Place all documents described in this paragraph in the patient's medical record and retain the documents as part of that record for not less than seven years.

SECTION 4. EFFECTIVE DATE

This Act shall take effect on XXXX 1, 2016.

Men's Helpers Right to Know Act

Summary: *The Men's Helpers Right to Know Act imposes a series of restrictions on providing "men's helpers," defined as any prescription, treatment or device to address erectile dysfunction.*

SECTION 1. SHORT TITLE

This Act shall be called the "Men's Helpers Right to Know Act."

SECTION 2. FINDINGS AND PURPOSE

(A) FINDINGS—The legislature finds that:

- 1) Men cannot be trusted to make decisions in the public interest when it comes to sex.
- 2) There is an ongoing debate as to why. But it seems clear that men, at least men who are in a position to exert governmental power, are far more interested in controlling women's sex lives than their own.
- 3) If women's reproductive health decisions require them to be protected, then so do men's.
- 4) Because of raging testosterone (or a lack thereof), men may not fully consider the possible side effects of erectile dysfunction treatments, including priapism (an erection that will not go away and lasts more than four hours), sudden vision loss in one or both eyes, sudden hearing decrease or hearing loss, headaches, flushing, upset stomach, abnormal vision, stuffy or runny nose, back pain, muscle pain, nausea, dizziness and rash.
- 5) Because of sexual impotence or impatience, men may not address underlying causes of erectile dysfunction that also threaten their lives, including diabetes or heart conditions, tobacco use, being overweight, certain medical treatments and medications, psychological conditions, drug and alcohol use, and prolonged bicycling.

(B) PURPOSE—This law is enacted to protect men by informing those seeking medical help for erectile dysfunction of the risks, possible side effects, and ramifications of treatment.

SECTION 3. NEED TO PROTECT MEN

After Section XXX, the following new section XXX shall be inserted:

(A) DEFINITIONS—In this section:

"Men's helpers" means any prescription, treatment or device to address erectile dysfunction, including Viagra, Cialis, Levitra, penile vacuum pumps, penile implants, urethral suppository, testosterone replacement, acupuncture, blood vessel surgery, and psychological counseling.

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(B) PROTECTING MEN WHO CAN'T BE TRUSTED TO MAKE REPRODUCTIVE HEALTH CHOICES—

Prior to prescribing or recommending any men's helpers, a physician shall first do all of the following:

[Bill drafting note: choose from the following options that correspond to anti-abortion rights laws in your state.]

- 1) Obtain from the patient a notarized affidavit in which at least one of the patient's sexual partners certifies that the patient has experienced symptoms of erectile dysfunction in the ninety days preceding the date on the affidavit.
- 2) Refer the patient to a sexual therapist approved by the state medical board for an assessment of the possible causes of the patient's symptoms of erectile dysfunction and obtain a written report in which the therapist concludes that the patient's symptoms are not solely attributable to one or more psychological conditions.
- 3) Conduct a cardiac stress test and obtain a result, described in writing, indicating that the patient's cardiac health is compatible with sexual activity.
- 4) Notify the patient in writing of the potential risks and complications associated with men's helpers and obtain the patient's signature on a form acknowledging the patient's receipt of the notification.
- 5) Prior to receiving any men's helpers, the patient will be required to watch a video that is a visual depiction of the treatments and possible side effects.
- 6) Require the patient to have two office visits on two different calendar days before the health care practitioner prescribes or recommends any men's helpers; the first visit will consist of counseling and mandatory video viewing and the second will consist of the prescription or recommended treatment contingent on fulfilling the requirements of the first visit.

(C) REPORTING REQUIREMENTS—Facilities that provide or prescribe Men's Helpers must make a quarterly report to the [Health] department stating: whether the medical facility is licensed by the [Health] department; the patient's year of birth, race, marital status, and state and county of residence; type of Men's Helper prescribed or recommended; date treatment was prescribed or recommended; and reason for seeking treatment.

(D) CIVIL FINES—Any violation of this section may be subject to a civil penalty or fine up to \$1,000 imposed by the [Department of Health]. Each day of violation constitutes a separate violation for purposes of assessing civil penalties or fines. Both the [Attorney General and the District Attorney] may institute a legal action to enforce collection of civil fines.

(E) INJUNCTIVE REMEDIES—In addition to any other penalty provided by law, whenever in the judgment of the [Director of the Department of Health], any person has engaged or is about to engage in any acts or practices which constitute, or will constitute, a violation of this section, the [Director] shall make an application to any court of competent jurisdiction for an order enjoining such acts and practices, and upon a showing by the [Director] that such person has engaged or is about to engage in any such acts or practices, an injunction, restraining order, or such other order that may be appropriate shall be granted by such court without bond.

SECTION 4. EFFECTIVE DATE

This Act shall take effect on XXXX 1, 2016.

Protect Men Who Seek a Vasectomy Act

Summary: *The Protect Men Who Seek a Vasectomy Act directs that only a physician may perform a vasectomy, only in a hospital or a licensed ambulatory surgical center, and only to avert death, serious irreversible impairment, or a mental or emotional condition that would lead to death.*

SECTION 1. SHORT TITLE

This Act shall be called the “Protect Men Who Seek a Vasectomy Act.”

SECTION 2. FINDINGS AND PURPOSE

(A) FINDINGS—The legislature finds that:

- 1) Thousands of children are deprived of birth in this state every year because of the lack of state regulation over vasectomies;
- 2) There is substantial evidence that unregulated vasectomies result in fewer unwanted pregnancies and, by extension, fewer births;
- 3) It is patently unfair that men can avoid the rewards of unwanted fatherhood by presuming that their judgment over such matters is more valid than the judgment of the Legislature;
- 4) Fewer unwanted pregnancies result in fewer children living in poverty and a lower prison population, and this is job-killing in a time when social workers, police officers, and prison guards need the employment to feed their families; and
- 5) It is the purpose of the Legislature to assert an invasive state interest in the reproductive habits of men in this state and substitute the will of the government over the will of adult men.

(B) PURPOSE—This law is enacted to protect men by limiting their reproductive health options.

SECTION 3. PROTECT MEN FROM THEIR REPRODUCTIVE HEALTH CHOICES

After Section XXX, the following new section XXX shall be inserted:

- 1) No person other than a physician shall perform a vasectomy.
- 2) A vasectomy may only be performed to avert the death or serious risk of substantial and irreversible physical impairment of a major bodily function of a man.
- 3) In determining whether a vasectomy is necessary, no regard shall be made to the desire of a man to father children, to his economic situation, to his age, to the number of children he is currently responsible for, or to any danger to his wife or partner in the event a child is conceived.
- 4) No vasectomy shall be performed except in a licensed hospital, in a licensed ambulatory surgical center, or in a health facility licensed as a vasectomy facility by the [Department of Health].

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- 5) Any person who performs a vasectomy, and any person permitting a vasectomy to be performed on him, in violation of this section, shall be guilty of a felony and, upon conviction, shall be sentenced to community service of not fewer than 1,040 hours in the field of service to needy families, caring for or counseling abused and neglected children or wayward teens, or performing services to inmates in a jail or correctional institution.

SECTION 4. EFFECTIVE DATE

This Act shall take effect on XXXX 1, 2016.

Targeted Regulation of Men's Reproductive Health Surgery Act

Summary: *The Targeted Regulation of Men's Reproductive Health Surgery Act creates TRAP-type "safety" regulations—ambulatory surgical center building requirements and admitting privileges—for health facilities that provide male sterilization.*

SECTION 1. SHORT TITLE

This Act shall be called the "Targeted Regulation of Men's Reproductive Health Surgery Act."

SECTION 2. FINDINGS AND PURPOSE

(A) FINDINGS—The legislature finds that:

- 1) The state has a legitimate concern for men's health and safety.
- 2) The majority of vasectomies are performed in urologists' offices. Many men who seek vasectomies at these facilities do not have any relationship with the physician who performs the procedure before or afterwards, the men often have a same-day consultation and procedure, and do not return to the facility for post-surgical care.
- 3) The medical, emotional, and psychological consequences of having a vasectomy can be lasting.
- 4) Risks of a vasectomy procedure include pain, chronic pain, and epididymitis for up to a year.

(B) PURPOSE—This law is enacted to protect men by promoting and enforcing the highest standard for care and safety in facilities performing vasectomies.

SECTION 3. HIGHEST STANDARD OF CARE FOR VASECTOMIES

After Section XXX, the following new section XXX shall be inserted:

(A) DEFINITIONS—In this section:

"Ambulatory surgical center" means a medical facility described in [insert citation(s) governing such facilities in the state].

(B) ADMITTING PRIVILEGES—A physician performing a vasectomy:

- 1) Must, on the date of treatment, have active admitting privileges at a hospital that is located not further than 30 miles from the location at which the treatment is performed; and
- 2) Shall provide the patient with:
 - a) A telephone number to reach the physician or a healthcare professional who has access to the man's relevant medical records, 24 hours a day, to provide assistance for any complication that may arise from the treatment.

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- b) The name and telephone number of the nearest hospital to the home of the patient at which an emergency arising from the treatment could be provided.

(C) AMBULATORY SURGICAL CENTERS—The [Department of Health] shall issue regulations requiring that, for the protection of vasectomy patients, such procedures will only be performed at a hospital licensed under [citation for state law] or at an ambulatory surgical center.

(D) REPORTING REQUIREMENTS—Facilities that perform vasectomies must make quarterly reports to the [Department of Health] stating: whether the medical facility complies with this section; the patient's year of birth, race, marital status, and state and county or residence; type of procedure; date procedure was performed; whether the patient survived, and if not, the cause of death; and the patient's reason for having the procedure.

(E) CIVIL FINES—Any violation of this section may be subject to a civil penalty or fine of up to \$1,000 imposed by the [Department of Health]. Each day of violation constitutes a separate violation for purposes of assessing civil penalties or fines. Both the [Attorney General and the District Attorney] may institute a legal action to enforce collection of civil fines.

(F) INJUNCTIVE REMEDIES—In addition to any other penalty provided by law, whenever in the judgment of the [Director of the Department of Health], any person who has engaged or is about to engage in any acts or practices which constitute, or will constitute, a violation of this section, the [Director] shall make application to any court of competent jurisdiction for an order enjoining such acts and practices, and upon a showing by the [Director] that such person has engaged or is about to engage in any such acts or practices, an injunction, restraining order, or such other order that may be appropriate shall be granted by such court without bond.

SECTION 4. EFFECTIVE DATE

This Act shall take effect on XXXX 1, 2016.

Sperm Donor Right to Know Act

Summary: *The Sperm Donor Right to Know Act requires the State to create and distribute a “right to know” book about sperm donation, the potential risks, the psychological impact of having unknown children, and the repercussions of future paternity tests.*

SECTION 1. SHORT TITLE

This Act shall be called the “Sperm Donor Right to Know Act.”

SECTION 2. FINDINGS AND PURPOSE

(A) FINDINGS—The legislature finds that:

- 1) Legislative bodies throughout the United States have expressed concern about the health and safety of women, and legislation has been introduced and often enacted to limit the options of women to decide about their own health care.
- 2) Legislation should not discriminate and should treat every group equally.
- 3) There is little or no legislation governing sperm donation. The American Society of Reproductive Medicine (ASRM) provides guidelines for sperm donation centers, but these guidelines are not enforceable.
- 4) The ASRM suggests limiting donors to 25 live births to an area of 850,000, but it is not enforced by law and only 40 percent of births are reported.
- 5) Because of the lack of regulation and reporting in sperm donation, and considering the possibility of donating sperm as often as twice a week, it is possible that some donors may have hundreds of genetic children, often in the same geographical area.
- 6) Accidental incest could result because of the proximity of women receiving the same man’s sperm donation.
- 7) The ASRM suggests genetic screening of sperm donors, but it is not legally required. The lack of regulation has allowed genetic conditions to be passed on to offspring from donated sperm.

(B) PURPOSE—This law is enacted to protect men by making them aware of the risks and repercussions of sperm donation.

SECTION 3. MEN’S RIGHT TO KNOW

(A) DEFINITIONS

- 1) “Sperm donation” means the act of a man providing sperm to a sperm bank in order for a woman to use it to become pregnant.
- 2) “Sperm Bank” means a facility that collects and stores men’s semen for later use in artificial insemination.

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(B) INFORMED CONSENT REQUIREMENT

- 1) At least twenty-four (24) hours before donating sperm, the donor shall be provided with written materials listing risks associated with the sperm donation including, but not limited to the following:
 - b) The risk of fathering up to hundreds of genetic offspring;
 - c) The possibility of future contact with genetic offspring despite anonymous donation;
 - d) The risk of incest among genetic offspring in a specific location; and
 - e) The risk of passing down genetic anomalies or health conditions unknown at the time of sperm donation.
- 2) Prior to sperm donation, the donor must certify in writing on a checklist form provided or approved by the [Department of Health] that the written materials concerning risks have been provided to and understood by the donor.

(C) PUBLICATION OF MATERIALS ON RISKS

The [Department of Health] shall publish materials on the risks of sperm donation in English and Spanish, and publish the same information on an Internet website. The [Department] shall review and update the materials and information annually.

(D) REPORTING REQUIREMENTS

Sperm donation facilities must make quarterly reports to the [Department of Health], stating: how often donors donate sperm; how many donations have been implanted, how many sperm donations per donor have resulted in live birth, and state and county of residence.

(E) CIVIL REMEDIES AND PROFESSIONAL SANCTIONS

In addition to any and all remedies available under the common or statutory law of this state, failure to comply with the requirements of this section shall provide a basis for a civil malpractice action for actual and punitive damages.

SECTION 4. EFFECTIVE DATE

This Act shall take effect on XXXX 1, 2016.

Every Sperm Is Sacred Act

Summary: *The Every Sperm Is Sacred Act would fine and imprison a man who ejaculates or deposits semen anywhere but in a woman's vagina and such actions would be construed as an action against an unborn child.*

SECTION 1. SHORT TITLE

This Act shall be called the "Every Sperm Is Sacred Act."

SECTION 2. FINDINGS AND PURPOSE

(A) FINDINGS—The legislature finds that:

- 1) Legislation has been introduced and enacted by various legislative bodies limiting the decisions women are allowed to make about their own bodies.
- 2) The same concern has not been addressed in legislation regarding men.
- 3) If every female egg is deemed by the government to be a living being, bestowed with all the rights of personhood, and thereby protected from being destroyed or being allowed to die in any way other than the will of the Creator, it follows that every sperm of a male should be likewise deemed by the government to be a living being, bestowed with all the rights of personhood.
- 4) Each "egg person" and each "sperm person" should be deemed equal in the eyes of the government and be subject to the same laws and regulations as any other dependent minor, and be protected against abuse, neglect, or abandonment by their parent or guardian.
- 5) Laws should be enacted by all legislative bodies in the United States to promote equal treatment, and where there is a concern about "personhood," should forbid every man from destroying his semen.

(B) PURPOSE—This law is enacted to protect the health and safety of "sperm persons" across the state.

SECTION 3. EVERY SPERM IS SACRED

After Section XXX, the following new section XXX shall be inserted:

Any action in which a man ejaculates or otherwise deposits semen anywhere but in a woman's vagina shall be interpreted and construed as an action against an unborn child, punishable by a fine of \$100 for each sperm person killed, or one day in prison for every sperm person killed, or both.

SECTION 4. EFFECTIVE DATE

This Act shall take effect on XXXX 1, 2016

ABOUT THE PUBLIC LEADERSHIP INSTITUTE

The Public Leadership Institute is a nonprofit, nonpartisan policy and leadership center organized to explore and raise public awareness about key public policy issues of equity and justice and to develop public leaders who will improve the economic and social conditions of all Americans.

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The Public Leadership Institute hosts the largest network of progressive lawmakers in the nation, with more than 13,000 legislators, council members, commissioners and supervisors, as well as thousands of state-level activists. We communicate with

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many specific issue areas (e.g. budget and taxes, education, environment). We have distributed more than 2,500 copies of the book in paperback, it's available on Amazon.com, and it can also be downloaded from our website in PDF format. In addition, we offer bi-weekly message webinars led by policy and communications specialists, and when invited, we present in-state message framing workshops for both elected officials and policy advocates.

LEADERSHIP TRAINING



The Public Leadership Institute conducts policy, communications, media and coalition-building webinars, conferences, trainings, and

workshops for policymakers and grassroots leaders. When invited, PLI staff and allied experts present leadership training workshops at meetings across the nation. We hold dozens of training webinars and workshops each year, and in 2016, we will begin a values-based fellowship program to provide several dozen lawmakers with an in-depth leadership training experience.

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MEDICAL EQUITY NOW

Model legislation revealing the hypocrisy of abortion restrictions

The battle over abortion rights is taking place at the state level, not in Congress, and that is likely to remain true for years to come. The best way to fight back is with a strong, sustained effort to drive proactive policies—and the public debate about such policies—in states and cities.

Medical Equity Now: Model legislation revealing the hypocrisy of abortion restrictions is a supplement to the *Playbook for Abortion Rights*. It provides seven different bold legislative approaches that are designed to reframe the debate and put abortion rights opponents on the defensive.

We encourage you to contact the Public Leadership Institute for strategic guidance, support, and connections to experts in the field.



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