

S 3609

Woman's Right To Know Act

Congress: 118 (2023–2025, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jan 18, 2024

Current Status: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Latest Action: Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (Jan 18, 2024)

Official Text: <https://www.congress.gov/bill/118th-congress/senate-bill/3609>

Sponsor

Name: Sen. Blackburn, Marsha [R-TN]

Party: Republican • **State:** TN • **Chamber:** Senate

Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Braun, Mike [R-IN]	R · IN		Jan 18, 2024
Sen. Daines, Steve [R-MT]	R · MT		Jan 18, 2024
Sen. Hagerty, Bill [R-TN]	R · TN		Jan 18, 2024
Sen. Lankford, James [R-OK]	R · OK		Jan 18, 2024
Sen. Rubio, Marco [R-FL]	R · FL		Jan 18, 2024
Sen. Cramer, Kevin [R-ND]	R · ND		Jan 22, 2024
Sen. Cassidy, Bill [R-LA]	R · LA		Jan 30, 2024

Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Referred To	Jan 18, 2024

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
118 HR 7044	Identical bill	Jan 19, 2024: Referred to the Subcommittee on Health.
118 HR 6636	Related bill	Dec 12, 2023: Sponsor introductory remarks on measure. (CR H6825)
118 HR 1126	Related bill	Mar 3, 2023: Referred to the Subcommittee on Health.

Woman's Right To Know Act

This bill specifies requirements for informed consent that health care providers must obtain before performing an abortion procedure.

Providers must present a woman seeking an abortion with an authorization form at least 24 hours before performing the procedure. The form must (1) include specified information concerning gestational age, associated developmental characteristics, and medical risks; (2) disclose penalties that providers may face for failing to obtain the requisite informed consent; and (3) include an affirmation that the individual signing the form understands the information. The form must be signed and witnessed in person and retained in the medical file.

Providers do not have to obtain such consent if, in reasonable medical judgment, obtaining it would pose a greater risk of death or substantial physical impairment of a major bodily function, excluding psychological or emotional conditions, of the pregnant woman.

The bill also establishes civil penalties for providers who do not comply with these requirements.

Actions Timeline

- **Jan 18, 2024:** Introduced in Senate
- **Jan 18, 2024:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.