

SUBJECT: Revising medical exception to abortion, requiring certain training

COMMITTEE: Public Health — favorable, without amendment

VOTE: 12 ayes — VanDeaver, Campos, Bucy, Collier, Cunningham, Frank,  
Johnson, J. Jones, Olcott, Pierson, Schofield, Shofner

0 nays

1 absent — Simmons

SENATE VOTE: On final passage (April 29) — 31 - 0

WITNESSES: For — None

Against — None

DIGEST: SB 31 would revise various statutes relating to exceptions to the prohibition of abortions based on a physician's exercise of reasonable medical judgment in certain circumstances. The bill would establish related provisions on medical treatment and medical liability, and would provide for legal and medical continuing education requirements related to abortion regulations and pregnancy-related medical emergencies.

**Exception to abortion prohibition, medical treatment.** SB 31 would revise an exception established under the Health and Safety Code to the prohibition against performing, inducing, or attempting an abortion that allows a physician, in the exercise of reasonable medical judgment, to perform, induce, or attempt an abortion on a pregnant female who has a life-threatening physical condition aggravated by, caused by, or arising from the pregnancy that places her at risk of death or poses a serious risk of substantial impairment of a major bodily function unless the abortion was performed or induced.

The bill would remove provisions requiring the person performing, inducing, or attempting the abortion under this exception to do so in a

manner that, in the exercise of reasonable medical judgment, provides the best opportunity for the unborn child to survive unless it would create a greater risk of the pregnant female's death or a serious risk of substantial impairment of one of her major bodily functions.

Instead, the bill would authorize a physician to address such a risk before the pregnant female suffers effects of the risk. In order for a physician to act, the bill would specify that the exception did not require that the risk be imminent, that the female first suffer physical impairment, or that the physical condition had caused damage to the pregnant female.

For purposes of the exception, SB 31 would define "life-threatening" to mean capable of causing death or potentially fatal. The bill would specify that a life-threatening condition was not necessarily one actively injuring the patient.

The bill would require a physician treating a life-threatening physical condition under the above exception to do so in a manner that, in the exercise of reasonable medical judgment, provided the best opportunity for survival of an unborn child. The bill would establish that it was an exception to the application of these provisions that, in the physician's reasonable medical judgment, the manner of treatment that provided the best opportunity for survival of an unborn child would create a greater risk of the pregnant female's death or substantial impairment of one of her major bodily functions.

The bill also would establish that Health and Safety Code provisions relating to abortion did not require a physician to delay, alter, or withhold medical treatment provided to a pregnant female if doing so would create a greater risk to her of death or substantial impairment of a major bodily function.

SB 31 would provide that a physician's reasonable medical judgment in treating a pregnant female included removal of an ectopic pregnancy and a dead, unborn child whose death was caused by spontaneous abortion.

The bill would replace the existing definition of "medical emergency" under the Woman's Right to Know Act, referring instead to the exception for a life-threatening physical condition provided by the bill and making

conforming changes to relevant provisions.

The bill also would repeal certain provisions in the Penal Code and Civil Practice and Remedies Code establishing affirmative defenses to liability for abortion based on medical judgment.

**Accidental or unintentional death.** For any law that provided an exception to an otherwise prohibited abortion based on a pregnant female's life-threatening condition, the bill would establish an exception to the application of each law that the death or injury of an unborn child was accidental or unintentional and resulted from a physician's treatment of a pregnant female based on reasonable medical judgment.

**Documentation and ectopic pregnancy.** SB 31 would revise a requirement for a physician providing an abortion-inducing drug to document certain information in the woman's medical record by removing the specification that the location of the pregnancy to be documented was an intrauterine location and specifying that "ectopic pregnancy" had the meaning assigned under certain other Health and Safety Code provisions.

SB31 would expand this definition of "ectopic pregnancy" to include the implantation of a fertilized egg or embryo in an abnormal location in the uterus or in a scarred portion of the uterus, causing the pregnancy to be non-viable.

**Medical liability.** The bill would replace a provision establishing that an action related to the affirmative defense repealed by the bill was a health care liability claim. The bill would instead define as a health care liability claim a civil action brought against a physician or health care provider for a violation of certain abortion laws.

SB31 would establish that provisions prohibiting an abortion after a fetal heartbeat could be detected applied only to an unlawful abortion. The bill would establish that certain activities did not constitute aiding or abetting under those provisions, including:

- services and communications by a physician or health care provider with another physician or health care provider or with a patient for the purpose of arriving at a reasonable medical judgment as

- required by an exception to an otherwise prohibited abortion;
- communications between an attorney and a physician or health care provider related to an exception to an otherwise prohibited abortion; and
- communications between a treating physician and another person, or providing services or products to a treating physician or a patient relating to performing, inducing, or attempting an abortion for which the physician has determined that, in reasonable medical judgment, an exception to an otherwise prohibited abortion was applicable.

**Unlicensed abortion facilities.** SB 31 would establish an exception to the criminal offense of establishing or operating an unlicensed abortion facility for an abortion that was performed in an unlicensed abortion facility due to a medical emergency in which the pregnant female had a life-threatening physical condition described by the exception amended by the bill.

The bill would specify that for purposes of this exception, the term "unlicensed abortion facility" would not include an individual or entity to which funds appropriated by the Legislature in the General Appropriations Act are prohibited from being distributed.

**Medical Practice Act.** SB 31 would establish the medical exception described in the bill as an exception to the third-degree felony offense of practicing medicine in violation of the Medical Practice Act.

The bill would provide that the Medical Practice Act could not be construed to prohibit, and the Texas Medical Board (TMB) could not take action against a physician regarding, an abortion in response to a medical emergency in which the pregnant female had a life-threatening physical condition that qualified for an exception under the bill.

**Vernon's civil statutes.** SB 31 would amend Vernon's Civil Statutes with respect to the civil statutes relating to abortion by removing a provision establishing that nothing in those civil statutes applies to an abortion procured or attempted by medical advice for the purpose of saving the life of the mother. The bill would establish instead that it was an exception to

the application of those civil statutes that an abortion was procured, performed, or attempted due to a medical emergency, as defined in the bill.

SB 31 would specify that the changes to the civil statutes relating to abortion could not be construed to affirm or reject the validity or efficacy of any provision within those civil statutes, to affirm or reject that any such provision had been revived or remained or had become good law, or to moot any judicial proceedings concerning the validity or efficacy of any such provision. The bill would establish that the Legislature made such changes to the civil statutes relating to abortion solely to clarify statutory text and to ensure medical care could be provided to a pregnant woman in an applicable medical emergency without prejudice to, or resolution of, any question concerning any such provision.

**Legal precedent.** SB31 would require a chapter of a civil statute, any part of which was amended by the bill, to be construed as consistent with certain Texas appellate court decisions specified in the bill.

In addition, the bill would require that the exceptions described in the bill be construed as consistent with certain Texas Supreme Court cases.

**Continuing legal education.** SB 31 would require the State Bar of Texas to develop or solicit and offer a comprehensive continuing legal education (CLE) program on abortion regulation in Texas, focusing on exceptions to otherwise prohibited abortions and including certain topics specified in the bill.

The bill would require the CLE program to be developed in cooperation with the State Bar's Health Law Section, physician and provider organizations, and other qualified stakeholders. It would be required to be offered at no cost to licensed attorneys no later than January 1, 2026.

**Continuing medical education.** SB 31 also would require the Texas Medical Board (TMB), by January 1, 2026, to approve and offer one or more courses on laws governing pregnancy-related medical emergencies. Courses could be developed by physician organizations, medical schools, or other approved providers and would count toward physicians' continuing medical education (CME) requirements. The courses would be

required to address:

- what did and did not constitute an abortion, including exclusions for ectopic pregnancy and spontaneous abortion;
- abortion prohibitions and prohibited procedures;
- statutory exceptions based on medical emergencies; and
- the role of reasonable medical judgment in applying those exceptions.

Physicians providing obstetric care would be required to complete at least one hour of the approved course before initial licensure or first renewal after January 1, 2026. The one-time requirement would be enforced through TMB rulemaking. At least one course would need to be made available online and free of charge. The bill would provide that CME provisions did not create a cause of action, and the CME requirement would not constitute aiding or abetting an unlawful abortion.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2025.

**SUPPORTERS  
SAY:**

SB 31 would provide needed clarity to health care providers and patients on Texas abortion laws by defining what constitutes a medical emergency as a life-threatening physical condition that places a pregnant female at risk of death or serious impairment of a major bodily function. The bill would establish clear, consistent guidelines to ensure necessary life-saving care is not denied or delayed. Following the Supreme Court's *Dobbs* decision in 2022, hospitals have faced challenges navigating multiple abortion statutes that contain conflicting definitions and undefined terms, which has led to uncertainty as to when doctors may safely respond to pregnancy-related emergencies. Several Texas women have died after being denied care, and many women have reported delays in receiving care or having to go outside of the state for critical care. The bill would protect the lives of pregnant patients by reducing legal ambiguity and ensuring that physicians can intervene without fear of civil or criminal penalties, loss of licensure, or private lawsuits when acting in good faith under the emergency exception to prohibited abortions.

By clarifying and aligning provisions across multiple abortion statutes, the bill would reduce confusion and help ensure that emergency care is applied more consistently and lawfully across healthcare systems.

Clarifying that a condition does not have to be imminent or already causing active harm before intervention would allow physicians to act earlier, before complications escalate. Conditions like sepsis, hemorrhage, and preeclampsia often require prompt action, and the bill would help prevent avoidable harm by reinforcing a physician's ability to rely on reasonable medical judgment.

The bill also would require continuing legal and medical education to ensure attorneys, physicians, and hospital staff understand how to apply the law. This would promote more informed decision-making, reduce defensive practices, and improve coordination between legal and clinical teams in emergency care.

The bill would specify that the amendment to Vernon's Civil Statutes is intended solely to clarify statutory text and ensure that medical care may be provided to a pregnant woman experiencing a medical emergency. The bill states that nothing in the amendment should be construed to affirm or reject the validity of these statutes or to affect any judicial proceedings concerning their enforcement. This language would help to preserve neutrality in ongoing litigation while providing statutory guidance to support timely emergency care.

**CRITICS  
SAY:**

While SB 31 seeks to clarify the legal scope of abortion exceptions in medical emergencies, it would not sufficiently protect patients, providers, and those who assist them from legal risk.

By applying provisions on medical emergencies amended by the bill to certain 1925 civil statutes on abortion that have been deemed unenforceable by the courts, the bill could revive laws that criminalize people who obtain or help facilitate abortions by causing a court to rule that these laws were still in effect. The bill would not provide a statutory exception for individuals seeking or supporting an abortion under the emergency provisions, which could leave patients and those who assist them without legal protection. This also could broaden criminal and civil liability for patients, providers, and organizations that help Texans access

abortion care, including across state lines.

Without providing further guidance on the term “reasonable medical judgment” and leaving key terms like “substantial impairment of a major bodily function” undefined, the bill would not do enough to provide legal clarity to health care professionals. This ambiguity could force physicians to delay care until a condition became clearly life-threatening, rather than allowing them to act preventively, raising the risk of serious complications or worse outcomes. Furthermore, clarifying the existing exceptions to Texas’ strict abortion laws would not address the need for comprehensive access to reproductive health care for women in the state.

By not expressly addressing conditions such as fetal anomalies or non-viable pregnancies, the bill leaves unclear whether exceptions would apply when continuing a pregnancy poses serious health risks but does not meet the strict statutory definition of a medical emergency. Despite the bill’s education provisions, providers could remain unsure of how to apply the exception in complex cases.