Sixty-third Legislative Assembly of North Dakota

FIRST ENGROSSMENT with House Amendments ENGROSSED SENATE BILL NO. 2368

Introduced by

Senators Miller, Campbell, Schaible

Representatives B. Koppelman, Larson, Rohr

- 1 A BILL for an Act to create and enact a new section to chapter 14-02.1 of the North Dakota
- 2 Century Code, relating to limitations on and penalties for performing an abortion; and to amend
- 3 and reenact sections 14-02.1-02, 14-02.1-07, 14-02.3-01, and 14-02.3-02 of the North Dakota
- 4 Century Code, relating to definitions, reporting requirements, and the use of public funds for
- 5 abortions and family planning.

6 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

- 7 SECTION 1. AMENDMENT. Section 14-02.1-02 of the North Dakota Century Code is
- 8 amended and reenacted as follows:

9 **14-02.1-02. Definitions**.

10 As used in this chapter:

- 1. "Abortion" means the act of using or prescribing any instrument, medicine, drug, or
- any other substance, device, or means with the intent to terminate the clinically
 diagnosable intrauterine pregnancy of a woman, including the elimination of one or
- 14 more unborn children in a multifetal pregnancy, with knowledge that the termination by
- 15 those means will with reasonable likelihood cause the death of the unborn child. Such
- 16 use, prescription, or means is not an abortion if done with the intent to:
- 17 a. Save the life or preserve the health of the unborn child;
- b. Remove a dead unborn child caused by spontaneous abortion; or
- 19 c. Treat a woman for an ectopic pregnancy.
- 2. "Abortion facility" means a clinic, ambulatory surgical center, physician's office, or any
 other place or facility in which abortions are performed or prescribed, other than a
 hospital.
- 3. "Abortion-inducing drug" means a medicine, drug, or any other substance prescribed
 or dispensed with the intent of causing an abortion.

1	4.	"Drug label" means the pamphlet accompanying an abortion-inducing drug which			
2		outlines the protocol tested and authorized by the federal food and drug administration			
3		and agreed upon by the drug company applying for the federal food and drug			
4		administration authorization of that drug. Also known as "final printing labeling			
5		instructions", drug label is the federal food and drug administration document that			
6		delineates how a drug is to be used according to the federal food and drug			
7		administration approval.			
8	5.	"Fertilization" means the fusion of a human spermatozoon with a human ovum.			
9	<u>6.</u>	"Hospital" means an institution licensed by the state department of health under			
10		chapter 23-16 and any hospital operated by the United States or this state.			
11	6.<u>7.</u>	"Human being" means an individual living member of the species of homo sapiens,			
12		including the unborn human being during the entire embryonic and fetal ages from			
13		fertilization to full gestation.			
14	7.<u>8.</u>	"Infant born alive" means a born child which exhibits either heartbeat, spontaneous			
15		respiratory activity, spontaneous movement of voluntary muscles or pulsation of the			
16		umbilical cord if still attached to the child.			
17	<u>8.9.</u>	"Informed consent" means voluntary consent to abortion by the woman upon whom			
18		the abortion is to be performed or induced provided that:			
19		a. The woman is told the following by the physician who is to perform the abortion,			
20		by the referring physician, or by the physician's agent, at least twenty-four hours			
21		before the abortion:			
22		(1) The name of the physician who will perform the abortion;			
23		(2) The abortion will terminate the life of a whole, separate, unique, living			
24		human being;			
25		(3) The particular medical risks associated with the particular abortion			
26		procedure to be employed including, when medically accurate, the risks of			
27		infection, hemorrhage, danger to subsequent pregnancies, and infertility;			
28		(4) The probable gestational age of the unborn child at the time the abortion is			
29		to be performed; and			
30		(5) The medical risks associated with carrying her child to term.			

1		b.	The	woman is informed, by the physician or the physician's agent, at least	
2			twenty-four hours before the abortion:		
3			(1)	That medical assistance benefits may be available for prenatal care,	
4				childbirth, and neonatal care and that more detailed information on the	
5				availability of that assistance is contained in the printed materials given to	
6				her as described in section 14-02.1-02.1;	
7			(2)	That the printed materials given to her and described in section	
8				14-02.1-02.1 describe the unborn child and list agencies that offer	
9				alternatives to abortion;	
10			(3)	That the father is liable to assist in the support of her child, even in	
11				instances in which the father has offered to pay for the abortion; and	
12			(4)	That she is free to withhold or withdraw her consent to the abortion at any	
13				time without affecting her right to future care or treatment and without the	
14				loss of any state or federally funded benefits to which she might otherwise	
15				be entitled.	
16		C.	The	woman certifies in writing, prior to the abortion, that the information	
17			des	cribed in subdivisions a and b has been furnished to her.	
18		d.	Befo	ore the performance of the abortion, the physician who is to perform or induce	
19			the	abortion or the physician's agent receives a copy of the written certification	
20			pres	scribed by subdivision c.	
21		e.	The	physician has not received or obtained payment for a service provided to a	
22			pati	ent who has inquired about an abortion or has scheduled an abortion before	
23			the	twenty-four-hour period required by this section.	
24	9.<u>10.</u>	"Me	dical	emergency" means a condition that, in reasonable medical judgment, so	
25		complicates the medical condition of the pregnant woman that it necessitates an			
26		immediate abortion of her pregnancy without first determining postfertilization age to			
27		ave	rt her	death or for which the twenty-four-hour delay <u>necessary to determine</u>	
28		pos	tfertili	zation age will create serious risk of substantial and irreversible physical	
29		imp	airme	ent of a major bodily function, not including psychological or emotional	
30		<u>con</u>	dition	s. A condition may not be deemed a medical emergency if based on a claim	
31		or d	iagno	osis that the woman will engage in conduct that wouldshe intends to result in	

- her death or in substantial and irreversible physical impairment of a major bodily
 function.
- 3 <u>10.11.</u> "Physician" means an individual who is licensed to practice medicine or osteopathy
 4 under chapter 43-17 or a physician who practices in the armed services of the United
 5 States or in the employ of the United States.
- 6 <u>11.12.</u> "Postfertilization age" means the age of the unborn child as calculated from
 7 <u>fertilization.</u>
- 8 <u>13.</u> "Probable gestational age of the unborn child" means what, in reasonable medical
 9 judgment, will with reasonable probability be the gestational age of the unborn child at
 10 the time the abortion is planned to be performed.
- 11 <u>14.</u> "Probable postfertilization age of the unborn child" means what, in reasonable medical
 judgment, will with reasonable probability be the postfertilization age of the unborn
- 13 child at the time the abortion is planned to be performed or induced.
- 14 <u>12.15.</u> "Reasonable medical judgment" means a medical judgment that would be made by a
 reasonably prudent physician, knowledgeable about the case and the treatment
 possibilities with respect to the medical conditions involved.
- 17 <u>13.16.</u> "Unborn child" means the offspring of human beings from conception until birth.
- 18 <u>14.17.</u> "Viable" means the ability of an unborn child to live outside the mother's womb, albeit
 with artificial aid.
- SECTION 2. A new section to chapter 14-02.1 of the North Dakota Century Code is created
 and enacted as follows:
- 22 Determination of postfertilization age Abortion of unborn child of twenty or more
- 23 weeks postfertilization age prohibited, for the purpose of protecting the state's

24 compelling interest in the unborn human life from the time the unborn child is capable of

- 25 <u>feeling pain</u>.
- 26 <u>1. Except in the case of a medical emergency, an abortion may not be performed or</u>
- 27 induced or be attempted to be performed or induced unless the physician performing
- 28 or inducing the abortion has first made a determination of the probable postfertilization
- 29 age of the unborn child or relied upon such a determination made by another
- 30 physician. In making the determination, the physician shall make those inquiries of the
- 31 woman and perform or cause to be performed the medical examinations and tests as

1		<u>a reason</u>	ably prudent physician, knowledgeable about the case and the medical		
2		condition	s involved, would consider necessary to perform in making an accurate		
3		<u>diagnosi</u>	s with respect to postfertilization age.		
4	<u>2.</u>	Except in	Except in the case of a medical emergency, a person may not perform or induce or		
5		attempt t	o perform or induce an abortion upon a woman when it has been determined,		
6		by the ph	nysician performing or inducing or attempting to perform or induce the abortion		
7		or by and	other physician upon whose determination that physician relies, that the		
8		probable	postfertilization age of the woman's unborn child is twenty or more weeks.		
9	SEC	CTION 3. A	MENDMENT. Section 14-02.1-07 of the North Dakota Century Code is		
10	amended and reenacted as follows:				
11	14-02.1-07. Records required - Reporting of practice of abortion.				
12	1.	Records			
13		a. Alla	abortion facilities and hospitals in which abortions are performed shall keep		
14		reco	ords, including admission and discharge notes, histories, results of tests and		
15		exa	minations, nurses' worksheets, social service records, and progress notes,		
16		and	shall further keep a copy of all written certifications provided for in this		
17		cha	pter as well as a copy of the constructive notice forms, consent forms, court		
18		orde	ers, abortion data reports, adverse event reports, abortion compliance reports,		
19		and	complication reports. All abortion facilities shall keep the following records of-		
20		the:			
21		<u>(1)</u>	The number of women who availed themselves of the opportunity to receive		
22			and view an ultrasound image of their unborn children pursuant to section		
23			14-02.1-04, and the number who did not; and of each of those numbers, the		
24			number who, to the best of the reporting abortion facility's information and		
25			belief, went on to obtain the abortion. Records must be maintained in the		
26			permanent files of the hospital or abortion facility for a period of not less		
27			than seven years.		
28		<u>(2)</u>	Postfertilization age:		
29			(a) If a determination of probable postfertilization age was not made, the		
30			basis of the determination that a medical emergency existed.		

1			<u>(b)</u>	If the probable postfertilization age was determined to be twenty or
2				more weeks and an abortion was performed, the basis of the
3				determination that a medical emergency existed.
4		b.	The medie	cal records of abortion facilities and hospitals in which abortions are
5			performed	and all information contained therein must remain confidential and
6			may be us	sed by the state department of health only for gathering statistical data
7			and ensur	ing compliance with the provisions of this chapter.
8		<u>C.</u>	Records r	nust be maintained in the permanent files of the hospital or abortion
9			facility for	a period of not less than seven years.
10	2.	Rep	orting:	
11		a.	An individ	ual abortion compliance report and an individual abortion data report for
12			each abor	tion performed upon a woman must be completed by her attending
13			physician.	The abortion data report must be confidential and may not contain the
14			name of t	ne woman. The abortion data report must include the data called for in
15			the United	States standard report of induced termination of pregnancy as
16			recomme	nded by the national center for health statistics.
17		b.	All abortic	n compliance reports must be signed by the attending physician within
18			twenty-fou	ir hours and submitted to the state department of health within ten
19			business	days from the date of the abortion. All abortion data and complication
20			reports m	ust be signed by the attending physician and submitted to the state
21			departme	nt of health within thirty days from the date of the abortion. If a
22			physician	provides an abortion-inducing drug to another for the purpose of
23			inducing a	an abortion and the physician knows that the individual experiences
24			during or	after the use an adverse event, the physician shall provide a written
25			report of t	he adverse event within thirty days of the event to the state department
26			of health a	and the federal food and drug administration via the medwatch reporting
27			system. F	or purposes of this section, "adverse event" is defined based upon the
28			federal fo	od and drug administration criteria given in the medwatch reporting
29			system. <u>If</u>	a determination of probable postfertilization age was not made, the
30			abortion c	ompliance report must state the basis of the determination that a
31			<u>medical e</u>	mergency existed. If the probable postfertilization age was determined

1		to be twenty or more weeks and an abortion was performed, the abortion
2		compliance report must state the basis of the determination that a medical
3		emergency existed.
4	C.	A copy of the abortion report, any complication report, and any adverse event
5		report must be made a part of the medical record of the patient at the facility or
6		hospital in which the abortion was performed. In cases when post-abortion
7		complications are discovered, diagnosed, or treated by physicians not associated
8		with the facility or hospital where the abortion was performed, the state
9		department of health shall forward a copy of the report to that facility or hospital
10		to be made a part of the patient's permanent record.
11	d.	The state department of health is responsible for collecting all abortion
12		compliance reports, abortion data reports, complication reports, and adverse
13		event reports and collating and evaluating all data gathered from these reports
14		and shall annually publish a statistical report based on data from abortions
15		performed in the previous calendar year. All abortion compliance reports received
16		by the state department of health are public records. Except for disclosure to a
17		law enforcement officer or state agency, the department may not disclose an
18		abortion compliance report without first removing any individually identifiable
19		health information and any other demographic information, including race, marital
20		status, number of previous live births, and education regarding the woman upon
21		whom the abortion was performed.
22	e.	The state department of health shall report to the attorney general any apparent
23		violation of this chapter.
24	SECTION	N 4. AMENDMENT. Section 14-02.3-01 of the North Dakota Century Code is
25	amended and	d reenacted as follows:
26	14-02.3-0	01. State policy on abortion and childbirth - Use of public funds restricted.
27	1. Betv	ween normal childbirth and abortion, it is the policy of the state of North Dakota
28	that	normal childbirth is to be given preference, encouragement, and support by law
29	and	by state action, it being in the best interests of the well-being and common good
30	of N	lorth Dakota citizens.

1	2.	An	agency of this state may not produce, distribute, publish, disseminate, endorse, or		
2			prove materials of any type that, between normal childbirth and abortion, do not give		
3					
		•	preference, encouragement, and support to normal childbirth. An agency of the state		
4		may	may not fund, endorse, or support any program that, between normal childbirth and		
5		abo	abortion, does not give preference, encouragement, and support to normal childbirth.		
6	3.	<u>Nol</u>	NoUnless an abortion is necessary to prevent the death of the woman, no funds of this		
7		stat	e or any agency, county, municipality, school district, or any other subdivision		
8		the	reof, or institution under the control of the state board of higher education, and no		
9		fede	eral funds passing through the state treasury or a state agency may be used to		
10		pay	<u>-</u>		
11		<u>a.</u>	Pay for the performance, or for promoting the performance, of an abortion unless		
12			the abortion is necessary to prevent the death of the woman; or		
13		<u>b.</u>	Contract with, or provide financial or other support to individuals, organizations,		
14			or entities performing, inducing, referring for, or counseling in favor of, abortions.		
15	SEC	стю	N 5. AMENDMENT. Section 14-02.3-02 of the North Dakota Century Code is		
16	amende	ed and	d reenacted as follows:		
17	14-0	02.3-0	02. Use of public funds for family planning - Use for the performance, referral,		
18	and end	coura	agement of abortion prohibited.		
19	No <u>E</u>	Excep	t as required by federal law, no funds of this state or any agency, county,		
20	municip	ality,	school district, or any other subdivision thereof, or institution under the control of		
21	the state	e boa	rd of higher education, and no federal funds passing through the state treasury or		
22	a state a	ageno	cy may be used as :		
23	<u>1.</u>	<u>As</u> 1	family planning funds by any person or public or private agency which performs,		
24		refe	ers, or encourages abortion <u>; or</u>		
25	<u>2.</u>	<u>To c</u>	contract with, or provide financial or other support to individuals, organizations, or		
26		<u>enti</u>	ties performing, inducing, referring for, or counseling in favor of, abortions.		