# FIRST ENGROSSMENT

Sixty-eighth Legislative Assembly of North Dakota

### **ENGROSSED SENATE BILL NO. 2150**

Introduced by

Senators Myrdal, Boehm, Luick

Representatives Porter, Rohr, M. Ruby

- 1 A BILL for an Act to amend and reenact sections 12.1-31-12, 14-02.1-01, 14-02.1-02,
- 2 14-02.1-02.1, 14-02.1-02.2, 14-02.1-03, 14-02.1-03.1, 14-02.1-04, and 14-02.1-07, and
- 3 subsection 1 of section 43-17-31 of the North Dakota Century Code, relating to abortion and

4 grounds for disciplinary action imposed against a physician; to repeal sections 14-02.1-04.1,

5 14-02.1-04.2, 14-02.1-05.1, 14-02.1-05.2, and 14-02.1-05.3 of the North Dakota Century Code,

6 relating to sex-selective abortions, genetic abnormality abortions, human dismemberment

7 abortions, and abortions after a detectable heartbeat; to provide a penalty; and to declare an

8 emergency.

#### 9 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 12.1-31-12 of the North Dakota Century Code is
 amended and reenacted as follows:

#### 12 **12.1-31-12.** Abortion - Affirmative defenses Exceptions.

- 13 1. As used in this section:
- 14 a. "Abortion" means the use or prescription of any substance, device, instrument, 15 medicine, or drug to intentionally terminate the pregnancy of an individual known-16 to be pregnant. The term does not include an act made with the intent to increase 17 the probability of a live birth; preserve the life or health of a child after live birth; or 18 remove a dead, unborn child who died as a result of a spontaneous miscarriage, 19 an accidental trauma, or a criminal assault upon the pregnant female or her-20 unborn childact of using or prescribing any instrument, medicine, drug, or any 21 other substance, device, or means with the intent to terminate the clinically 22 diagnosable pregnancy of a woman, including the elimination of one or more 23 unborn children in a multifetal pregnancy, with knowledge the termination by

1			those means will with reasonable likelihood cause the death of the unborn child.
2			Such use, prescription, or means is not an abortion if done with the intent to:
3			(1) Remove a dead unborn child caused by spontaneous abortion; or
4			(2) Treat a woman for an ectopic pregnancy.
5		b.	"Medical emergency" means a condition that, in reasonable medical judgment, so
6			complicates the medical condition of the pregnant woman that it necessitates an
7			immediate abortion to prevent her death or substantial physical impairment of a
8			major bodily function, not including any psychological or emotional condition. A
9			condition may not be deemed a medical emergency if based on a claim or
10			diagnosis that the woman will engage in conduct that she intends to result in her
11			death or in substantial and irreversible physical impairment of a major bodily
12			function.
13		<u>c.</u>	"Physician" means an individual licensed to practice medicine or osteopathy
14			under chapter 43-17 or a physician who practices in the armed services of the
15			United States or in the employ of the United States.
16		<del>C.</del>	"Professional
17		<u>d.</u>	"Probable gestational age of the unborn child" means what, in reasonable
18			medical judgment, will with reasonable probability be the gestational age of the
19			unborn child.
20		<u>e.</u>	"Reasonable medical judgment" means a medical judgment that would be made
21			by a reasonably prudent physician who is knowledgeable about the case and the
22			treatment possibilities with respect to the medical conditions involved.
23	2.	It is	a class C felony for a person, other than the pregnant female upon whom the
24		abo	rtion was performed, to perform an abortion.
25	3.	The	e following are affirmative defenses under this This section does not apply to:
26		a.	That the <u>An</u> abortion wasdeemed necessary in professional based on reasonable
27			<u>medical</u> judgment <del>and<u>which</u> was intended to prevent the death of the pregnant</del>
28			female.
29		b.	That the An abortion was to terminate a pregnancy that based on reasonable
30			medical judgment resulted from gross sexual imposition, sexual imposition,

1		sexual abuse of a ward, or incest, as those offenses are defined in chapter
2		12.1-20, if the probable gestational age of the unborn child is six weeks or less.
3	С.	That the An individual assisting in performing an abortion if the individual was
4		acting within the scope of that individual's regulated profession and, was under
5		the direction of or at the direction of a physician <u>, and did not know the physician</u>
6		was performing an abortion in violation of this section.
7	<u>d.</u>	An abortion necessary due to a medical emergency.
8	SECTIO	N 2. AMENDMENT. Section 14-02.1-01 of the North Dakota Century Code is
9	amended and	d reenacted as follows:
10	14-02.1-0	01. Purpose.
11	The purp	oose of this chapter is to protect unbornand promote human life and maternal health
12	within preser	nt constitutional limitswhen the performance of an abortion is not otherwise
13	prohibited by	law. It This chapter reaffirms the tradition of the state of North Dakota to protect
14	every human	life whether unborn or aged, healthy or sick.
15	SECTIO	N 3. AMENDMENT. Section 14-02.1-02 of the North Dakota Century Code is
16	amended and	d reenacted as follows:
17	14-02.1-0	02. Definitions.
18	As used	in this chapter:
19	1. "Ab	ortion" means the act of using or prescribing any instrument, medicine, drug, or
20	any	other substance, device, or means with the intent to terminate the clinically
21	dia	gnosable intrauterine pregnancy of a woman, including the elimination of one or
22	moi	re unborn children in a multifetal pregnancy, with knowledge that the termination by
23	thos	se means will with reasonable likelihood cause the death of the unborn child. Such
24	use	e, prescription, or means is not an abortion if done with the intent to:
25	а.	Save the life or preserve the health of the unborn child;
26	<del>b.</del>	Remove a dead unborn child caused by spontaneous abortion; or
27	<del>c.<u>b.</u></del>	Treat a woman for an ectopic pregnancy.
28	2. "Ab	ortion facility" means a clinic, ambulatory surgical center, physician's office, or any
29	othe	er place or facility in which abortions are performed or prescribed, other than a
30	hos	pital.

1	3.	"Abortion-inducing drug" means a medicine, drug, or any other substance prescribed		
2		or dispensed with the intent of causing an abortion.		
3	4.	"Down syndrome" refers to a chromosome disorder associated with an extra-		
4		chromosome twenty-one, in whole or in part, or an effective trisomy for chromosome		
5		twenty-one.		
6	<del>5.</del>	"Drug label" means the pamphlet accompanying an abortion-inducing drug which		
7		outlines the protocol tested and authorized by the federal food and drug administration		
8		and agreed upon by the drug company applying for the federal food and drug		
9		administration authorization of that drug. Also known as "final printing labeling		
10		instructions", drug label is the federal food and drug administration document that		
11		delineates how a drug is to be used according to the federal food and drug		
12		administration approval.		
13	<del>6.<u>5.</u></del>	"Fertilization" means the fusion of a human spermatozoon with a human ovum.		
14	<del>7.</del>	"Genetic abnormality" means any defect, disease, or disorder that is inherited		
15		genetically. The term includes any physical disfigurement, scoliosis, dwarfism, Down-		
16		syndrome, albinism, amelia, or any other type of physical or mental disability,		
17		abnormality, or disease.		
18	<u>8.6.</u>	"Hospital" means an institution licensed by the department of health and human		
19		services under chapter 23-16 and any hospital operated by the United States or this		
20		state.		
21	<del>9.<u>7.</u></del>	"Human being" means an individual living member of the species of homo sapiens,		
22		including the unborn human being during the entire embryonic and fetal ages from		
23		fertilization to full gestation.		
24	<del>10.<u>8.</u></del>	"Infant born alive" means a born child which exhibits either heartbeat, spontaneous		
25		respiratory activity, spontaneous movement of voluntary muscles or pulsation of the		
26		umbilical cord if still attached to the child.		
27	<del>11.<u>9.</u></del>	"Informed consent" means voluntary consent to abortion by the woman upon whom		
28		the abortion is to be performed or induced provided:		
29		a. The woman is told the following by the physician who is to perform the abortion,		
30		by the referring physician, or by the physician's agent, at least twenty-four hours		
31		before the abortion:		

1		(1)	The name of the physician who will perform the abortion;
2		(2)	The abortion will terminate the life of a whole, separate, unique, living
3			human being;
4		(3)	The particular medical risks associated with the particular abortion
5			procedure to be employed including, when medically accurate, the risks of
6			infection, hemorrhage, danger to subsequent pregnancies, and infertility;
7		(4)	The probable gestational age of the unborn child at the time the abortion is
8			to be performed; and
9		(5)	The medical risks associated with carrying her child to term.
10	b.	The	woman is informed, by the physician or the physician's agent, at least
11		twe	nty-four hours before the abortion:
12		(1)	That medical assistance benefits may be available for prenatal care,
13			childbirth, and neonatal care and that more detailed information on the
14			availability of that assistance is contained in the printed materials given to
15			her as described in section 14-02.1-02.1;
16		(2)	That the printed materials given to her and described in section
17			14-02.1-02.1 describe the unborn child and list agencies that offer
18			alternatives to abortion;
19		(3)	That the father is liable to assist in the support of her child, even in
20			instances in which the father has offered to pay for the abortion; and
21		(4)	That she is free to withhold or withdraw her consent to the abortion at any
22			time without affecting her right to future care or treatment and without the
23			loss of any state or federally funded benefits to which she might otherwise
24			be entitled <del>; and</del>
25		<del>(5)</del>	That it may be possible to reverse the effects of an abortion-inducing drug if
26			she changes her mind, but time is of the essence, and information and
27			assistance with reversing the effects of an abortion-inducing drug are
28			available in the printed materials given to her as described in section-
29			<del>14-02.1-02.1</del> .
30	C.	The	woman certifies in writing, prior tobefore the abortion, that the information
31		des	cribed in subdivisions a and b has been furnished to her.

1	d.	Before the performance of the abortion, the physician who is to perform or induce
2		the abortion or the physician's agent receives a copy of the written certification
3		prescribed by subdivision c.

- e. The physician has not received or obtained payment for a service provided to a
  patient who has inquired about an abortion or has scheduled an abortion before
  the twenty-four-hour period required by this section.
- 7 <u>12.10.</u> "Medical emergency" means a condition that, in reasonable medical judgment, so
  8 complicates the medical condition of the pregnant woman that it necessitates an
  9 immediate abortion of her pregnancy without first determining postfertilization age to

10 avertprevent her death or for which the delay necessary to determine postfertilization

- 11 age will create serious risk of substantial and irreversible physical impairment of a 12 major bodily function, not including psychological or emotional conditions. A condition 13 may not be deemed a medical emergency if based on a claim or diagnosis that the 14 woman will engage in conduct that she intends to result in her death or in substantial 15 and irreversible physical impairment of a major bodily function.
- 16 <u>13.11.</u> "Physician" means an individual who is licensed to practice medicine or osteopathy
  17 under chapter 43-17 or a physician who practices in the armed services of the United
  18 States or in the employ of the United States.
- 19 <u>14.12.</u> "Postfertilization age" means the age of the unborn child as calculated from
  20 fertilization.
- 15. "Probable gestational age of the unborn child" means what, in reasonable medical
   judgment, will with reasonable probability be the gestational age of the unborn child at the time the abortion is planned to be performed.
- 16. "Probable postfertilization age of the unborn child" means what, in reasonable medical judgment, will with reasonable probability be the postfertilization age of the unborn-
- 26 child at the time the abortion is planned to be performed or induced.
- 27 <u>17.13.</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.
- 30 <u>18-14.</u>"Unborn child" means the offspring of human beings from conception until birth.

- 1 <u>19.15.</u>"Viable" means the ability of an unborn child to live outside the mother's womb, albeit with
- 2 artificial aid.

3 SECTION 4. AMENDMENT. Section 14-02.1-02.1 of the North Dakota Century Code is
4 amended and reenacted as follows:

5 **14-02.1-02.1.** Printed information - Referral service.

- The department of health and human services shall publish in English, and in every
   other language that the department determines is the primary language of a significant
   number of state residents, the following easily comprehensible printed materials:
- 9 Geographically indexed materials designed to inform the woman of public and a. 10 private agencies and services available to assist a woman through pregnancy, 11 upon childbirth, and while the child is dependent, including adoption agencies. 12 The materials must include a comprehensive list of the agencies available, a 13 description of the services they offer and a description of the manner, including 14 telephone numbers, in which they might be contacted, or, at the option of the 15 department, printed materials, including a toll-free, twenty-four-hour-a-day 16 telephone number that may be called to obtain, orally, such a list and description 17 of agencies in the locality of the caller and of the services they offer. The 18 materials must state that it is unlawful for any individual to coerce a woman to 19 undergo an abortion and that if a minor is denied financial support by the minor's 20 parent, guardian, or custodian due to the minor's refusal to have an abortion 21 performed, the minor is deemed to be emancipated for the purposes of eligibility 22 for public assistance benefits, except that those benefits may not be used to 23 obtain an abortion. The materials also must state that any physician who 24 performs an abortion upon a woman without her informed consent may be liable 25 to her for damages in a civil action and that the law permits adoptive parents to 26 pay costs of prenatal care, childbirth, and neonatal care. The materials must 27 include the following statement: There are many public and private agencies 28 willing and able to help you to carry your child to term and to assist you and your 29 child after your child is born, whether you choose to keep your child or to place 30 your child for adoption. The state of North Dakota strongly urges you to contact 31 one or more of these agencies before making a final decision about abortion. The

1		law requires that your physician or your physician's agent give you the
2		opportunity to call agencies like these before you undergo an abortion.
3	b.	Materials, published in a booklet format, designed to inform the woman of the
4		probable anatomical and physiological characteristics of the unborn child at
5		two-week gestational increments from the time when a woman can be known to
6		be pregnant to full term, including any relevant information on the possibility of
7		the survival of the unborn child and color photographs of the development of an
8		unborn child at two-week gestational increments. The descriptions must include
9		information about brain and heart function, the presence of external members
10		and internal organs during the applicable states of development, and any
11		relevant information on the possibility of the unborn child's survival. The materials
12		must be objective, nonjudgmental, and designed to convey only accurate
13		scientific information about the unborn child at the various gestational ages. The
14		materials required under this subsection must be reviewed, updated, and
15		reprinted as needed.
16	C.	Materials that include information on the support obligations of the father of a
17		child who is born alive, including the father's legal duty to support his child, which
18		may include child support payments and health insurance, and the fact that
19		paternity may be established by the father's signature on an acknowledgment of
20		paternity or by court action. The printed material must also state that more
21		information concerning paternity establishment and child support services and

23 human service zones.

22

24d.Materials that contain objective information describing the various surgical and25drug-induced methods of abortion as well as the immediate and long-term26medical risks commonly associated with each abortion method, including the27risks of infection, hemorrhage, cervical or uterine perforation or rupture, danger to28subsequent pregnancies, the possible increased risk of breast cancer, the29possible adverse psychological effects associated with an abortion, and the30medical risks associated with carrying a child to term.

enforcement may be obtained by calling state public assistance agencies or

1	e.	Materials including information it may be possible to reverse the effects of an
2		abortion-inducing drug but time is of the essence. The materials must include
3		information directing the patient where to obtain further information and
4		assistance in locating a medical professional who can aid in the reversal of
5		abortion-inducing drugs <del>, such as mifepristone and misoprostol</del> .
6	<u>f.</u>	Materials including a notice that the performance of certain abortions is prohibited
7		by law.
8	2. The	e materials required under subsection 1 must be available at no cost from the
9	dep	partment of health and human services upon request and in appropriate number to
10	any	y person, facility, or hospital, and, except for copyrighted material, must be available
11	on	the department's internet website. The department may make the copyrighted
12	ma	terial available on its internet website if the department pays the copyright royalties.
13	SECTIO	N 5. AMENDMENT. Section 14-02.1-02.2 of the North Dakota Century Code is
14	amended an	d reenacted as follows:
15	14-02.1-	02.2. Abortion report form.
16	The dep	artment of health and human services shall prepare an abortion compliance report
17	form and an	abortion data report form to be used by the physician for each abortion performed,
18	as required b	by section 14-02.1-07. The abortion compliance report form must include a checklist
19	designed to	confirm compliance with all provisions of this chapter, section 12.1-31-12, chapter
20	14-02.3, cha	pter 14-02.6, and section 23-16-14. The abortion data report form must include the:
21	<u>1. The</u>	e data called for in the United States standard report of induced termination of
22	pre	egnancy as recommended by the national center for health statistics; and
23	<u>2. Wh</u>	nether the abortion was:
24	<u>a.</u>	Necessary in reasonable medical judgment and was intended to prevent the
25		death of the pregnant female;
26	<u>b.</u>	To terminate a pregnancy that resulted from gross sexual imposition, sexual
27		imposition, sexual abuse of a ward, or incest, as those offenses are defined in
28		<u>chapter 12.1-20; or</u>
29	<u>C.</u>	Necessary due to a medical emergency.
30	SECTIO	N 6. AMENDMENT. Section 14-02.1-03 of the North Dakota Century Code is
24		d we are after die an faille was

31 amended and reenacted as follows:

1 **14-02.1-03.** Consent to abortion - Notification requirements.

2 NoA physician shallmay not perform an abortion unless prior tobefore such 1. 3 performance the physician certified in writing that the woman gave her informed 4 consent as defined and provided in section 14-02.1-02 and shall certify in writing the 5 pregnant woman's marital status and age based upon proof of age offered by her. 6 Before the period of pregnancy when the unborn child may reasonably be expected to 7 have reached viability, an abortion may not be performed upon an unemancipated 8 minor unless the attending physician certifies in writing that each of the parents of the 9 minor requesting the abortion has been provided by the physician in person with the 10 information provided for in section 14-02.1-02 at least twenty-four hours before the 11 minor's consent to the performance of abortion or unless the attending physician 12 certifies in writing that the physician has caused materials of section 14-02.1-02 to be 13 posted by certified mail to each of the parents of the minor separately to the 14 last-known addresses at least forty-eight hours prior tobefore the minor's consent to 15 the performance of abortion. If a parent of the minor has died or rights and interests of 16 that parent have been legally terminated, this subsection applies to the sole remaining 17 parent. When both parents have died or the rights and interests of both parents have 18 been legally terminated, this subsection applies to the guardian or other person 19 standing in loco parentis. Notification by the attending physician is not required if the 20 minor elects not to allow the notification of one or both parents or her guardian and the 21 abortion is authorized by the juvenile court in accordance with section 14-02.1-03.1. 22 None of the requirements of this subsection apply in the case of a medical emergency, 23 except that when a medical emergency compels the performance of an abortion, the 24 physician shall inform the woman, before the abortion if possible, of the medical 25 indications supporting the physician's judgment that an abortion is necessary to avert 26 her death or for which a twenty-four-hour delay will create grave peril of immediate 27 and irreversible loss of major bodily function, and shall certify those indications in 28 writing.

Subsequent to the period of pregnancy when the unborn child may reasonably be
 expected to have reached viability, noan abortion, other than an abortion necessary to
 preserve her life, or because the continuation of her pregnancy will impose on her a

1		sub	stantial risk of grave impairment of her physical <del>or mental</del> health, may <u>not</u> be
2		perf	formed upon any woman in the absence of <del>:</del>
3		<del>a.</del>	The written consent of her husband unless her husband is voluntarily separated
4			from her; or
5		<del>b.</del>	The the written consent of a parent, if living, or the custodian or legal guardian of
6			the woman, if the woman is unmarried and under eighteen years of age.
7	3.	No	executive officer, administrative agency, or public employee of the state of North
8		Dak	ota or any local governmental body has power to issue any order requiring an
9		abo	rtion, nor shall any such officer or entity coerce any woman to have an abortion,
10		nor	shall any other person coerce any woman to have an abortion.
11	SEC		N 7. AMENDMENT. Section 14-02.1-03.1 of the North Dakota Century Code is
12	amende	d and	d reenacted as follows:
13	14-0	)2.1-(	03.1. Parental consent or judicial authorization for abortion of unmarried
14	minor -	State	ement of intent.
15	The	legis	lative assembly intends to encourage unmarried pregnant minors to seek the
16	advice a	and co	ounsel of their parents when faced with the difficult decision of whether or not to
17	bear a c	hild,	to foster parental involvement in the making of that decision when parental
18	involven	nent i	is in the best interests of the minor and to do so in a manner that does not unduly
19	burden	the rig	ght to seek an abortion.
20	1.	No/	A person may <u>not</u> knowingly perform an abortion upon a pregnant woman under
21		the	age of eighteen years unless:
22		a.	The attending physician has secured the written consent of the minor woman and
23			both parents, if living, or the surviving parent if one parent is deceased, or the
24			custodial parent if the parents are separated or divorced, or the legal guardian or
25			guardians if the minor is subject to guardianship;
26		b.	The minor woman is married and the attending physician has secured her
27			informed written consent; or
28		C.	The abortion has been authorized by the juvenile court in accordance with the
29			provisions of this section.
30	2.	Any	pregnant woman under the age of eighteen or next friend is entitled to apply to
31		the	juvenile court for authorization to obtain an abortion without parental consent. All

1 proceedings on such application must be conducted in the juvenile court of the county 2 of the minor's residence before a juvenile judge or referee, if authorized by the juvenile 3 court judge in accordance with the provisions of chapter 27-05, except that the 4 parental notification requirements of rules 3, 4, and 5 of the North Dakota Rules of 5 Juvenile Procedure are not applicable to proceedings under this section. A court may 6 change the venue of proceedings under this section to another county only upon 7 finding that a transfer is required in the best interests of the minor. All applications in 8 accordance with this section must be heard by a juvenile judge or referee within 9 forty-eight hours, excluding Saturdays and Sundays, of receipt of the application. The 10 juvenile judge or referee shall find by clear and convincing evidence:

- a. Whether or not the minor is sufficiently mature and well informed with regard to
  the nature, effects, and possible consequences of both having an abortion and
  bearing her child to be able to choose intelligently among the alternatives.
- b. If the minor is not sufficiently mature and well informed to choose intelligently
  among the alternatives without the advice and counsel of her parents or
  guardian, whether or not it would be in the best interests of the minor to notify her
  parents or guardian of the proceedings and call in the parents or guardian to
  advise and counsel the minor and aid the court in making its determination and to
  assist the minor in making her decision.
- c. If the minor is not sufficiently mature and well informed to choose intelligently
  among the alternatives and it is found not to be in the best interests of the minor
  to notify and call in her parents or guardian for advice and counsel, whether an
  abortion or some other alternative would be in the best interests of the minor.
- All proceedings in connection with this section must be kept confidential and the
   identity of the minor must be protected in accordance with provisions relating to all
   juvenile court proceedings. This section does not limit the release, upon request, of
   statistical information regarding applications made under this section and their
   disposition.
- 4. The court shall keep a stenographic or mechanically recorded record of the
  proceedings which must be maintained on record for forty-eight hours following the
  proceedings. If no appeal is taken from an order of the court pursuant to the

- proceedings, the record of the proceedings must be sealed as soon as practicable
   following such forty-eight-hour period.
- 5. Following the hearing and the court's inquiry of the minor, the court shall issue one ofthe following orders:
- a. If the minor is sufficiently mature and well informed concerning the alternatives
  and without the need for further information, advice, or counseling, the court shall
  issue an order authorizing a competent physician to perform the abortion
  procedure on the minor.
- 9 b. If the minor is not sufficiently mature and well informed, the court may:
- 10(1)Issue an order to provide the minor with any necessary information to assist11her in her decision if the minor is mature enough to make the decision but12not well informed enough to do so.
- (2) Issue an order to notify the minor's parents or guardian of the pendency of
  the proceedings and calling for their attendance at a reconvening of the
  hearing in order to advise and counsel the minor and assist the court in
  making its determination if the court finds that to do so would be in the best
  interests of the minor and the pregnancy resulted from gross sexual
  imposition, sexual imposition, sexual abuse of a ward, or incest, as those
  offenses are defined in chapter 12.1-20.
- 20 (3) Issue an order authorizing an abortion by a competent physician if the court
  21 has determined that it would not be in the best interests of the minor to call
  22 in her parents or guardian but has found that it would be in the minor's best
  23 interests to authorize the abortion.
- 6. The minor or next friend may appeal the determination of the juvenile court directly to the state supreme court. In the event of such an appeal, any and all orders of the juvenile court must be automatically stayed pending determination of the issues on appeal. Any appeal taken pursuant to this section by anyone other than the minor or next friend must be taken within forty-eight hours of the determination of the juvenile court by the filing of written notice with the juvenile court and a written application in the supreme court. Failure to file notice and application within the prescribed time

- results in a forfeiture of the right to appeal and render the juvenile court order or orders
   effective for all intents and purposes.
- 3 7. Upon receipt of written notice of appeal, the juvenile court shall immediately cause to
  4 be transmitted to the supreme court the record of proceedings had in the juvenile
  5 court.
- 8. An application for appeal pursuant to this section must be treated as an expedited
  appeal by the supreme court and must be set down for hearing within four days of
  receipt of the application, excluding Saturdays and Sundays.
- 9 9. The hearing, inquiry, and determination of the supreme court must be limited to a
  determination of the sufficiency of the inquiry and information considered by the
  juvenile court and whether or not the order or orders of the juvenile court accord with
  the information considered with respect to the maturity and information available to the
  minor and the best interests of the minor as determined by the juvenile court. The
  determination of the juvenile court may not be overturned unless found to be clearly
  erroneous.
- 16 10. After hearing the matter the supreme court shall issue its decision within twenty-fourhours.
- 18 11. Within forty-eight hours of the hearing by the supreme court, the record of the juvenile
  19 court must be returned to the juvenile court and the juvenile court shall seal it at the
  20 earliest practicable time.
- Nothing in this section may be construed to prevent the immediate performance of an
   abortion on an unmarried minor woman in ana medical emergency where such action is necessary to preserve her life and no physician may be prevented from acting in
   good faith in such circumstances or made to suffer any sanction thereby other than those applicable in the normal course of events to the general review of emergency and nonemergency medical procedures.
- Nothing in this section may be construed to alter the effects of any other section of this
  chapter or to expand the rights of any minor to obtain an abortion beyond the limits to
  such rights recognized under the Constitution of the United States or under other
  provisions of this code.

1 SECTION 8. AMENDMENT. Section 14-02.1-04 of the North Dakota Century Code is

2 amended and reenacted as follows:

## 3 **14-02.1-04.** Limitations on the performance of abortions - Penalty.

- 4 An abortion may not be performed by any person other than a physician who is using 1. 5 applicable medical standards and who is licensed to practice in this state. All 6 physicians performing abortion procedures must have admitting privileges at a hospital 7 located within thirty miles [42.28 kilometers] of the abortion facility and staff privileges 8 to replace hospital on-staff physicians at that hospital. These privileges must include 9 the abortion procedures the physician will be performing at abortion facilities. An 10 abortion facility must have a staff member trained in cardiopulmonary resuscitation 11 present at all times when the abortion facility is open and abortions are scheduled to 12 be performed.
- After the first twelve weeks of pregnancy but prior tobefore the time at which the
   unborn child may reasonably be expected to have reached viability, noan abortion may
   not be performed in any facility other than a licensed hospital.
- After the point in pregnancy when the unborn child may reasonably be expected to
   have reached viability, noan abortion may be performed except in a hospital, and then
   only if in the medical judgment of the physician the abortion is necessary to preserve
   the life of the woman or if in the physician's medical judgment the continuation of her pregnancy will impose on her a substantial risk of grave impairment of her physical or mental health.

An abortion under this subsection may only be performed if the above-mentioned medical judgment of the physician who is to perform the abortion is first certified by the physician in writing, setting forth in detail the facts upon which the physician relies in making this judgment and if this judgment has been concurred in by two other licensed physicians who have examined the patient. The foregoing certification and concurrence is not required in the case of ana medical emergency when the abortion is necessary to preserve the life of the patient.

4. An abortion facility may not perform an abortion on a woman without first offering the
woman an opportunity to receive and view at the abortion facility or another facility an
active ultrasound of her unborn child. The offer and opportunity to receive and view an

1		ultrasou	ind must occur at least twenty-four hours before the abortion is scheduled to
2		be perfo	ormed. The active ultrasound image must be of a quality consistent with
3		standar	d medical practice in the community, contain the dimensions of the unborn
4		child, ar	nd accurately portray the presence of external members and internal organs,
5		includin	g the heartbeat, if present or viewable, of the unborn child. The auscultation of
6		the feta	I heart tone must be of a quality consistent with standard medical practice in
7		the com	nmunity. The abortion facility shall document the woman's response to the offer,
8		includin	g the date and time of the offer and the woman's signature attesting to her
9		informe	d decision.
10	5.	Any phy	vsician who performs an abortion without complying with the provisions of this
11		section	is guilty of a class A misdemeanor.
12	6.	lt is a cl	ass B felony for any person, other than a physician licensed under chapter
13		43-17, t	o perform an abortion in this state.
14	SEC	CTION 9.	AMENDMENT. Section 14-02.1-07 of the North Dakota Century Code is
15	amende	ed and ree	enacted as follows:
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16			Records required - Reporting of practice of abortion.
			Records required - Reporting of practice of abortion.
16	14-0	02.1-07. F <del>Record</del>	Records required - Reporting of practice of abortion.
16 17	14-0	02.1-07. F <del>Records</del> a. All	Records required - Reporting of practice of abortion. <del>s:</del>
16 17 18	14-0	02.1-07. F <del>Records</del> a. All rec	Records required - Reporting of practice of abortion. <del>s:</del> abortion facilities and hospitals in which abortions are performed shall keep
16 17 18 19	14-0	02.1-07. F <del>Records</del> a. All rec ex	Records required - Reporting of practice of abortion. s: abortion facilities and hospitals in which abortions are performed shall keep cords, including admission and discharge notes, histories, results of tests and
16 17 18 19 20	14-0	02.1-07. F Records a. All rec ex an	Records required - Reporting of practice of abortion. s: abortion facilities and hospitals in which abortions are performed shall keep cords, including admission and discharge notes, histories, results of tests and aminations, nurses' worksheets, social service records, and progress notes,
16 17 18 19 20 21	14-0	02.1-07. F Records a. All rec ex an ch	Records required - Reporting of practice of abortion. s: abortion facilities and hospitals in which abortions are performed shall keep cords, including admission and discharge notes, histories, results of tests and aminations, nurses' worksheets, social service records, and progress notes, d shall further keep a copy of all written certifications provided for in this
16 17 18 19 20 21 22	14-0	02.1-07. F Records a. All rec ex an ch ord	Records required - Reporting of practice of abortion. s: abortion facilities and hospitals in which abortions are performed shall keep cords, including admission and discharge notes, histories, results of tests and aminations, nurses' worksheets, social service records, and progress notes, d shall further keep a copy of all written certifications provided for in this apter as well as a copy of the constructive notice forms, consent forms, court
16 17 18 19 20 21 22 23	14-0	02.1-07. F Records a. All rec ex an ch ord	Records required - Reporting of practice of abortion. s: abortion facilities and hospitals in which abortions are performed shall keep cords, including admission and discharge notes, histories, results of tests and aminations, nurses' worksheets, social service records, and progress notes, d shall further keep a copy of all written certifications provided for in this apter as well as a copy of the constructive notice forms, consent forms, court ders, abortion data reports, adverse event reports, abortion compliance reports, d complication reports. All abortion facilities shall keep the following records:
16 17 18 19 20 21 22 23 24	14-0	02.1-07. F Records a. All rec ex an ch orc an	Records required - Reporting of practice of abortion. s: abortion facilities and hospitals in which abortions are performed shall keep cords, including admission and discharge notes, histories, results of tests and aminations, nurses' worksheets, social service records, and progress notes, d shall further keep a copy of all written certifications provided for in this apter as well as a copy of the constructive notice forms, consent forms, court ders, abortion data reports, adverse event reports, abortion compliance reports, d complication reports. All abortion facilities shall keep the following records:
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<ol> <li>16</li> <li>17</li> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> </ol>	14-0	02.1-07. F Records a. All rec ex an ch orc an	Records required - Reporting of practice of abortion. s: abortion facilities and hospitals in which abortions are performed shall keep cords, including admission and discharge notes, histories, results of tests and aminations, nurses' worksheets, social service records, and progress notes, d shall further keep a copy of all written certifications provided for in this apter as well as a copy of the constructive notice forms, consent forms, court ders, abortion data reports, adverse event reports, abortion compliance reports, d complication reports. All abortion facilities shall keep the following records: The number of women who availed themselves of the opportunity to receive and view an ultrasound image of their unborn children pursuant to section
<ol> <li>16</li> <li>17</li> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> </ol>	14-0	02.1-07. F Records a. All rec ex an ch orc an	Records required - Reporting of practice of abortion. s: abortion facilities and hospitals in which abortions are performed shall keep cords, including admission and discharge notes, histories, results of tests and aminations, nurses' worksheets, social service records, and progress notes, d shall further keep a copy of all written certifications provided for in this apter as well as a copy of the constructive notice forms, consent forms, court ders, abortion data reports, adverse event reports, abortion compliance reports, d complication reports. All abortion facilities shall keep the following records: The number of women who availed themselves of the opportunity to receive and view an ultrasound image of their unborn children pursuant to section 14-02.1-04, and the number who did not; and of each of those numbers, the
<ol> <li>16</li> <li>17</li> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> <li>28</li> </ol>	14-0	02.1-07. F Records a. All rec ex an ch orc an	Records required - Reporting of practice of abortion. s: abortion facilities and hospitals in which abortions are performed shall keep cords, including admission and discharge notes, histories, results of tests and aminations, nurses' worksheets, social service records, and progress notes, d shall further keep a copy of all written certifications provided for in this apter as well as a copy of the constructive notice forms, consent forms, court ders, abortion data reports, adverse event reports, abortion compliance reports, d complication reports. All abortion facilities shall keep the following records: The number of women who availed themselves of the opportunity to receive and view an ultrasound image of their unborn children pursuant to section 14-02.1-04, and the number who did not; and of each of those numbers, the number who, to the best of the reporting abortion facility's information and belief, went on to obtain the abortion.

1			<del>(a)</del>	If a determination of probable postfertilization age was not made, the
2				basis of the determination that a medical emergency existed A record
3				of the probable gestational age of the unborn child at the time of the
4				abortion. If a probable gestational age of the unborn child was not
5				made because of a medical emergency, the record must include the
6				basis of the determination that a medical emergency existed.
7			<del>(b)</del>	If the probable postfertilization age was determined to be twenty or
8				more weeks and an abortion was performed, the basis of the
9				determination that a medical emergency existed.
10		b.	The medi	cal records of abortion facilities and hospitals in which abortions are
11			performed	d and all information contained therein must remain confidential and
12			may be u	sed by the department of health and human services only for gathering
13			statistical	data and ensuring compliance with the provisions of this chapter.
14		C.	Records r	must be maintained in the permanent files of the hospital or abortion
15			facility for	a period of not less than seven years.
16	2.	Rep	orting:	
17		a.	An individ	lual abortion compliance report and an individual abortion data report for
18			each abo	rtion performed upon a woman must be completed by her attending
19			physician	. The abortion data report must be confidential and may not contain the
20			name of t	he woman. The abortion data report must include the data called for in
21			the United	d States standard report of induced termination of pregnancy as
22			recomme	nded by the national center for health statistics and whether:
23			<u>(1) The</u>	abortion was performed to prevent the death of the pregnant female;
24			<u>(2) The</u>	pregnancy resulted from gross sexual imposition, sexual imposition,
25			sexu	al abuse of a ward, or incest, as those offenses are defined in chapter
26			<u>12.1</u>	<u>-20; or</u>
27			<u>(3)</u> <u>Nec</u>	essary due to a medical emergency.
28		b.	All abortic	on compliance reports must be signed by the attending physician within
29			twenty-for	ur hours and submitted to the department of health and human services
30			within ten	business days from the date of the abortion. All abortion data and
			l' <b>1</b>	ion reports must be signed by the attending physician and submitted to

1 the department of health and human services within thirty days from the date of 2 the abortion. If a physician provides an abortion-inducing drug to another for the 3 purpose of inducing an abortion and the physician knows that the individual 4 experiences during or after the use an adverse event, the physician shall provide 5 a written report of the adverse event within thirty days of the event to the 6 department of health and human services and the federal food and drug 7 administration via the medwatch reporting system. For purposes of this section, 8 "adverse event" is defined based upon the federal food and drug administration 9 criteria given in the medwatch reporting system. If a determination of probable 10 postfertilization gestational age of the unborn child was not made, the abortion 11 compliance report must state the basis of the determination that a medical 12 emergency existed. If the probable postfertilization age was determined to be-13 twenty or more weeks and an abortion was performed, the abortion compliance-14 report must state the basis of the determination that a medical emergency-15 existed.

c. A copy of the abortion report, any complication report, and any adverse event
report must be made a part of the medical record of the patient at the facility or
hospital in which the abortion was performed. In cases when post-abortion
complications are discovered, diagnosed, or treated by physicians not associated
with the facility or hospital where the abortion was performed, the department of
health and human services shall forward a copy of the report to that facility or
hospital to be made a part of the patient's permanent record.

23 The department of health and human services is responsible for collecting all d. 24 abortion compliance reports, abortion data reports, complication reports, and 25 adverse event reports and collating and evaluating all data gathered from these 26 reports and shall annually publish a statistical report based on data from 27 abortions performed in the previous calendar year. All abortion compliance 28 reports received by the department of health and human services are public 29 records. Except for disclosure to a law enforcement officer or state agency, the 30 department may not disclose an abortion compliance report without first removing 31 any individually identifiable health information and any other demographic

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1			information, including race, marital status, number of previous live births, and
2			education regarding the woman upon whom the abortion was performed.
3		e.	The department of health and human services shall report to the attorney general
4			any apparent violation of this chapter.
5	SEG	СТЮ	N 10. AMENDMENT. Subsection 1 of section 43-17-31 of the North Dakota
6	Century	Cod	e is amended and reenacted as follows:
7	1.	Dis	ciplinary action may be imposed against a physician upon any of the following
8		gro	unds:
9		a.	The use of any false, fraudulent, or forged statement or document, or the use of
10			any fraudulent, deceitful, dishonest, or immoral practice, in connection with any of
11			the licensing requirements.
12		b.	The making of false or misleading statements about the physician's skill or the
13			efficacy of any medicine, treatment, or remedy.
14		C.	The conviction of any misdemeanor determined by the board to have a direct
15			bearing upon a person's ability to serve the public as a practitioner of medicine or
16			any felony. A license may not be withheld contrary to the provisions of
17			chapter 12.1-33.
18		d.	Habitual use of alcohol or drugs.
19		e.	Physical or mental disability materially affecting the ability to perform the duties of
20			a physician in a competent manner.
21		f.	The performance of any dishonorable, unethical, or unprofessional conduct likely
22			to deceive, defraud, or harm the public.
23		g.	Obtaining any fee by fraud, deceit, or misrepresentation.
24		h.	Aiding or abetting the practice of medicine by an unlicensed, incompetent, or
25			impaired person.
26		i.	The violation of any provision of a medical practice act or the rules and
27			regulations of the board, or any action, stipulation, condition, or agreement
28			imposed by the board or its investigative panels.
29		j.	The practice of medicine under a false or assumed name.
30		k.	The advertising for the practice of medicine in an untrue or deceptive manner.

1	I.	The representation to a patient that a manifestly incurable condition, sickness,
2		disease, or injury can be cured.
3	m.	The willful or negligent violation of the confidentiality between physician and
4		patient, except as required by law.
5	n.	The failure of a doctor of osteopathy to designate that person's school of practice
6		in the professional use of that person's name by such terms as "osteopathic
7		physician and surgeon", "doctor of osteopathy", "D.O.", or similar terms.
8	0.	Gross negligence in the practice of medicine.
9	p.	Sexual abuse, misconduct, or exploitation related to the licensee's practice of
10		medicine.
11	q.	The prescription, sale, administration, distribution, or gift of any drug legally
12		classified as a controlled substance or as an addictive or dangerous drug for
13		other than medically accepted therapeutic purposes.
14	r.	The payment or receipt, directly or indirectly, of any fee, commission, rebate, or
15		other compensation for medical services not actually or personally rendered, or
16		for patient referrals; this prohibition does not affect the lawful distributions of
17		professional partnerships, corporations, limited liability companies, or
18		associations.
19	S.	The failure to comply with the reporting requirements of section 43-17.1-05.1.
20	t.	The failure to transfer medical records to another physician or to supply copies of
21		those records to the patient or to the patient's representative when requested to
22		do so by the patient or the patient's designated representative, except if the
23		disclosure is otherwise limited or prohibited by law. A reasonable charge for
24		record copies may be assessed.
25	u.	A continued pattern of inappropriate care as a physician, including unnecessary
26		surgery.
27	V.	The use of any false, fraudulent, or deceptive statement in any document
28		connected with the practice of medicine.
29	W.	The prescribing, selling, administering, distributing, or giving to oneself or to one's
30		spouse or child any drug legally classified as a controlled substance or
31		recognized as an addictive or dangerous drug.

4		The visibility of environments on fordered statistic on nonvolation relation to controlled
1	Х.	The violation of any state or federal statute or regulation relating to controlled
2		substances.
3	у.	The imposition by another state or jurisdiction of disciplinary action against a
4		license or other authorization to practice medicine based upon acts or conduct by
5		the physician that would constitute grounds for disciplinary action as set forth in
6		this section. A certified copy of the record of the action taken by the other state or
7		jurisdiction is conclusive evidence of that action.
8	Ζ.	The lack of appropriate documentation in medical records for diagnosis, testing,
9		and treatment of patients.
10	aa.	The failure to properly monitor a fluoroscopy technologist or an emergency
11		medical technician.
12	bb.	The failure to furnish the board or the investigative panel, their investigators, or
13		representatives information legally requested by the board or the investigative
14		panel.
15	CC.	The performance of an abortion on a pregnant woman prior to determining if the
16		unborn child the pregnant woman is carrying has a detectable heartbeat, as
17		provided in subsection 1 of section 14-02.1-05.1.
18	<del>dd.</del>	Noncompliance with the physician health program established under chapter
19		43-17.3.
20	20 SECTION 11. REPEAL. Sections 14-02.1-04.1, 14-02.1-04.2, 14-02.1-05.1,14-02.1-05.2,	
21	and 14-02.1-05.3 of the North Dakota Century Code are repealed.	
22	SECTION	<b>12. EMERGENCY.</b> This Act is declared to be an emergency measure.