MISSISSIPPI LEGISLATURE

To: Judiciary B

By: Representatives Wells-Smith, Akins, Aldridge, Barnett, Bentz, Chism, Davis, Ellington, Fillingane, Formby, Gunn, Hudson, Lott, Martinson, Mayhall, Mims, Moore, Nicholson, Parker, Reed, Reeves, Rotenberry, Staples, Turner

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 1525

AN ACT TO BE KNOWN AS THE ABORTION COMPLICATION REPORTING 1 2 ACT; TO REQUIRE PHYSICIANS TO FILE REGULAR REPORTS WITH THE STATE 3 DEPARTMENT OF HEALTH REGARDING PATIENTS WHO REQUIRE MEDICAL 4 TREATMENT OR SUFFER DEATH AS A RESULT OF AN ABORTION; TO REQUIRE THAT IDENTIFYING INFORMATION IN THE REPORTS SHALL BE KEPT 5 б CONFIDENTIAL; TO PROVIDE PENALTIES FOR WILLFUL VIOLATIONS OF THE 7 PROVISIONS OF THIS ACT; AND FOR RELATED PURPOSES. 8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI: 9 SECTION 1. This act shall be known and may be cited as the 10 Abortion Complication Reporting Act. SECTION 2. The Legislature finds and declares the following: 11 (a) There exists credible evidence that two (2) or 12

13 three (3) Mississippi women per week suffer complications 14 following abortions sufficient to require hospitalization. This 15 evidence includes published reports of health care expenditures to 16 treat women with complications following abortion as well as 17 lawsuits filed by injured women.

(b) In two (2) separate decisions, the United States
Supreme Court upheld the constitutionality of laws requiring
reporting on abortions: in 1974 in *Planned Parenthood of Central Missouri v. Danforth*, and in 1992 in *Planned Parenthood of*Southeastern Pennsylvania v. Casey.

(c) The need for credible data on abortions and their
complications is supported by The Alan Guttmacher Institute, an
organization in support of abortion, in Volume 30, No. 5,
September/November 1998, of their Family Planning Perspectives.

(d) With the intention of monitoring and protecting thehealth of Mississippi women and administering the expenditure of

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29 health care funds in a fiscally responsible way, the Legislature 30 enacts the reporting requirement in this act.

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SECTION 3. As used in this act:

32 (a) "Abortion" has the meaning as defined in Section33 41-41-31.

34 (b) "Medical treatment" means but is not limited to
35 hospitalization, laboratory tests, surgery, or prescription of
36 drugs.

"Department" means the State Department of Health. 37 (C) 38 SECTION 4. (1) A physician shall file a written report with 39 the State Department of Health regarding each patient who comes under the physician's professional care and requires medical 40 41 treatment or suffers death that the attending physician has a reasonable basis to believe is a primary, secondary, or tertiary 42 result of an induced abortion. 43

(2) These reports shall be submitted on a monthly basis by the tenth day of the month following the beginning of treatment for the complication. Treatment requiring more than a month shall be reported and updated each month until the treatment has been completed. If the treatment is psychiatric, a report shall be submitted every ninety (90) days and a final report shall be made upon discharge of the patient.

51 (3) The department shall summarize aggregate data from the 52 reports required under this section for purposes of inclusion into 53 the annual Vital Statistics Report.

54 (4) The department shall develop and distribute or make
55 available online in a downloadable format a standardized form for
56 the report required under this section.

57 (5) The department shall communicate this reporting
58 requirement to all medical professional organizations, licensed
59 physicians, hospitals, emergency rooms, abortion facilities,
60 Department of Health clinics and ambulatory surgical facilities
61 operating in the state.

H. B. No. 1525 *HRO7/R1845CS* 04/HR07/R1845CS PAGE 2 (CJR\HS) (6) The department shall destroy each individual report
required by this section and each copy of the report after
retaining the report for five (5) years after the date the report
is received.

66 (7) The report required under this section shall not contain 67 the name of the woman, common identifiers such as her social security number or motor vehicle operator's license number or 68 69 other information or identifiers that would make it possible to 70 identify in any manner or under any circumstances an individual who has obtained or seeks to obtain an abortion. A state agency 71 72 shall not compare data in an electronic or other information system file with data in another electronic or other information 73 74 system that would result in identifying in any manner or under any circumstances an individual obtaining or seeking to obtain an 75 76 abortion. Statistical information that may reveal the identity of 77 a woman obtaining or seeking to obtain an abortion shall not be 78 maintained.

79 (8) The department or an employee of the department shall 80 not disclose to a person or entity outside the department the 81 reports or the contents of the reports required under this section 82 in a manner or fashion as to permit the person or entity to whom 83 the report is disclosed to identify in any way the person who is 84 the subject of the report.

(9) A person who discloses confidential identifying
information in violation of this section is by guilty of a felony
and, upon conviction, shall be punished by imprisonment in the
State Penitentiary for not more than three (3) years, or a fine of
not more than Five Thousand Dollars (\$5,000.00), or both.

90 <u>SECTION 5.</u> (1) Each report of medical treatment following 91 abortion required under Section 4 of this act shall contain the 92 following information:

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(a) The age and race of the patient;

H. B. No. 1525 *HR07/R1845CS* 04/HR07/R1845CS PAGE 3 (CJR\HS) 94 (b) The characteristics of the patient, including
95 residency status, county of residence, marital status, education,
96 number of living children and number of previous abortions;

97 (c) The date the abortion was performed and the method98 used if known;

99 (d) The name of the facility where the abortion was 100 performed;

101 (e) The number of previous pregnancies and their 102 outcome;

(f) the condition of the patient that led to treatment, including, but not limited to, pelvic infection, hemorrhage, damage to pelvic organs, renal failure, metabolic disorder, shock, embolism, coma or death.

(g) The amount billed to cover the treatment, including whether the treatment was billed to Medicaid, insurance, private pay or other method. This should include charges for physician, hospital, emergency room, prescription or other drugs, laboratory tests and any other costs for the treatment rendered.

(h) The charges are to be coded with IDC-9 classification numbers in such a way as to distinguish treatment following induced abortions from treatments following extopic or molar pregnancies.

116 (2) Nothing in this act shall be construed as an instruction117 to discontinue collecting data currently being collected.

118 SECTION 6. Willful violation of the provisions of this act shall constitute a misdemeanor and shall be punishable as provided 119 120 for by law. No hospital, its officers, employees or medical and nursing personnel practicing in the hospital shall be civilly 121 122 liable for violation of the provisions of this act, except to the 123 extent of liability for actual damages in a civil action for 124 willful or reckless and wanton acts or omissions constituting that 125 violation. However, that liability shall be subject to any 126 immunities or limitations of liability or damages provided by law. *HR07/R1845CS* H. B. No. 1525 04/HR07/R1845CS

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127 <u>SECTION 7.</u> The provisions of the act are declared to be 128 severable, and if any provision, word, phrase, or clause of the 129 act or the application thereof to any person is held invalid, the 130 invalidity shall not affect the validity of the remaining portions 131 of this act.

132 SECTION 8. This act shall take effect and be in force from133 and after July 1, 2004.