## MAINE STATE LEGISLATURE

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## 122nd MAINE LEGISLATURE

## FIRST REGULAR SESSION-2005

**Legislative Document** 

No. 25

H.P. 28

House of Representatives, January 6, 2005

An Act To Educate Women on the Medical Risks Associated with Abortion

Reference to the Committee on Judiciary suggested and ordered printed.

Millicent M. Macfarland MILLICENT M. MacFARLAND Clerk

Presented by Representative DUPREY of Hampden.
Cosponsored by Senator SNOWE-MELLO of Androscoggin and
Representatives: CRESSEY of Baldwin, HALL of Holden, HAMPER of Oxford, JOY of
Crystal, SHERMAN of Hodgdon, THOMAS of Ripley.

§4,	Sec. 1. 22 MRSA §1599-A, sub-§2, as enacted by PL 1993, c. is amended to read:
	2. Informed consent. To ensure that the consent fo
ode.	rtion is truly informed consent, the attending physician
	orm the woman orally and in writing at least 24 hours price
	<u>forming an abortion</u> , in a manner that in the physic fessional judgment is not misleading and that will
	fessional judgment is not misleading and that will erstood by the patient, of at least the following:
	stated by the patient, of at least the following.
	A. According to the physician's best judgment she
	pregnant;
	BThe-number-ef-weeks-elapsed-from-the-probable-tim
	the-conception;
	R 1 The probable gestational age and anatom
	B-1. The probable gestational age and anator development of the fetus at the time of the scheen
	abortion;
	WWY A VALUE OF THE PROPERTY OF
	C The -particular - ricks - associated - with - her - own - prequent
	and-the-abortion-tochnique-to-be-performed;-and
	C-1. The physical and psychological risks associated
	· · · · · · · · · · · · · · · · ·
	abortion and the abortion technique to be performed, in
	abortion and the abortion technique to be performed, in of that woman's own pregnancy. These risks must inc
	abortion and the abortion technique to be performed, in of that woman's own pregnancy. These risks must income but are not limited to, the risks described in the pamp published by the Bureau of Health pursuant to subsection
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	abortion and the abortion technique to be performed, in of that woman's own pregnancy. These risks must incount are not limited to, the risks described in the pampublished by the Bureau of Health pursuant to subsection  D. At-the-woman's-request,alternatives Alternative
	abortion and the abortion technique to be performed, in of that woman's own pregnancy. These risks must incount are not limited to, the risks described in the pampublished by the Bureau of Health pursuant to subsection  D. At-the-woman's-request,alternatives Alternative abortion such as childbirth and adoption and information.
	abortion and the abortion technique to be performed, in of that woman's own pregnancy. These risks must income but are not limited to, the risks described in the pampublished by the Bureau of Health pursuant to subsection.  D. At-the-woman's-request,alternatives Alternative abortion such as childbirth and adoption and inform concerning public and private agencies that will provide
	abortion and the abortion technique to be performed, in of that woman's own pregnancy. These risks must income but are not limited to, the risks described in the pampublished by the Bureau of Health pursuant to subsection  D. At-the-woman's-request,-alternatives Alternative abortion such as childbirth and adoption and inform concerning public and private agencies that will provide woman with economic and other assistance to carry the to term, including,-if-the-woman-so-requests, a list
	abortion and the abortion technique to be performed, in of that woman's own pregnancy. These risks must incount are not limited to, the risks described in the pampublished by the Bureau of Health pursuant to subsection
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	abortion and the abortion technique to be performed, in of that woman's own pregnancy. These risks must incount are not limited to, the risks described in the pampublished by the Bureau of Health pursuant to subsection  D. At-the-woman's-request,-alternatives Alternative abortion such as childbirth and adoption and information concerning public and private agencies that will provide woman with economic and other assistance to carry the to term, including,-if-the-woman-so-requests, a list these agencies and the services available from each; and
	abortion and the abortion technique to be performed, in of that woman's own pregnancy. These risks must incombut are not limited to, the risks described in the pampublished by the Bureau of Health pursuant to subsection  D. At-the-woman's-request,-alternatives Alternative abortion such as childbirth and adoption and inform concerning public and private agencies that will provide woman with economic and other assistance to carry the to term, including,-if-the-woman-so-requests, a list these agencies and the services available from each; and  E. The name of the physician who is to perform the abort Sec. 2. 22 MRSA §1599-A, sub-§3 is enacted to read:
ηſ	abortion and the abortion technique to be performed, in of that woman's own pregnancy. These risks must income but are not limited to, the risks described in the pame published by the Bureau of Health pursuant to subsection.  D. At-the-woman's-request,alternatives Alternative abortion such as childbirth and adoption and inform concerning public and private agencies that will provid woman with economic and other assistance to carry the to term, including,if-the-woman-so-requests, a list these agencies and the services available from each; and E. The name of the physician who is to perform the abortion and the services are performed.

include, but are not limited to, perforated uterus, hemorrhage, death, incompetent cervix, retained fetal parts after abortion,

grief, sense of loss, anger, depression, alienation and low self-esteem. The Bureau of Health shall send copies of the

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pamphlet to each physician licensed and practicing in this State. The Bureau of Health shall adopt rules, which are major substantive rules as described in Title 5, chapter 375, subchapter 2-A, to implement this subsection.

## **SUMMARY**

This bill amends the laws governing informed consent to abortion to require the attending physician to provide the woman with certain information orally and in writing at least 24 hours prior to performing an abortion. The bill further amends these laws to require that this information include the probable gestational age and anatomical development of the fetus at the time of the scheduled abortion; the physical and psychological risks associated with abortion and the abortion technique to be performed, in view of the patient's own pregnancy, including risks identified in a pamphlet that the Department of Human Services, Bureau of Health is required to publish and distribute to doctors; and the name of the physician who is to perform the abortion.