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FIRST REGULAR SESSION - 1989

Legislative Document

No. 1374

S.P. 500

In Senate, April 26, 1989

Submitted by the Department of Human Services pursuant to Joint Rule 24.

Reference to the Committee on Judiciary suggested and ordered printed.

J. O'Bren

JOY J. O'BRIEN Secretary of the Senate

Presented by Senator CAHILL of Sagadahoc.

Cosponsored by Senator GAUVREAU of Androscoggin and Representative PINES of Limestone.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND EIGHTY-NINE

An Act to Clarify Reporting Requirements for Induced and Spontaneous Abortions.

1	Be it enacted by the People of the State of Maine as follows:
3	Sec. 1. 22 MRSA §1596, as amended by PL 1979, c. 363, §§1 to 4, is repealed and the following enacted in its place:
5	-, is reported and one relieving endeded in its process
-	<u>§1596. Abortion and miscarriage data</u>
7	1. Definitions. As used in this section, unless the context
9	otherwise indicates, the following terms have the following
	meanings.
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13	A. "Abortion" means the intentional interruption of a pregnancy by the application of external agents, whether chemical or physical, or the ingestion of chemical agents
15	with an intention other than to produce a live birth or to
	remove a dead fetus, regardless of the length of gestation.
17	B. "Miscarriage" means an interruption of a pregnancy other
19	than as provided in paragraph A of a fetus of less than 20 weeks gestation.
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	2. Abortion reports. A report of each abortion performed
23	shall be made to the Department of Human Services on forms
25	prescribed by the department. These report forms shall not identify the patient by name or otherwise and shall contain only
25	the information requested on the United States Standard Report of
27	Induced Termination of Pregnancy, published by the National Center for Health Statistics, dated January 1978, or any more
29	recent revision of a standard report form.
31	The form containing that information and data shall be prepared and signed by the attending physician and transmitted to the
33	<u>department not later than 10 days following the end of the month</u> <u>in which the abortion is performed.</u>
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37	A physician who reports data on an abortion pursuant to this section shall be immune from any criminal liability for that abortion under section 1598.
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41	3. Miscarriage reports. A report of each miscarriage shall be made by the physician in attendance at or after the occurrence of the miscarriage to the Department of Human Services on forms
43	prescribed by the department. These report forms shall contain all of the applicable information required on the certificate of
45	fetal death in current use.
47	The report form shall be prepared and signed by the attending physician and transmitted to the department not later than 10
49	days following the end of the month in which the miscarriage occurs.

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The identity of any patient or physician reporting pursuant to this section is confidential and the department shall take the steps which are necessary to insure the confidentiality of the identity of patients or physicians reporting pursuant to this section.

Sec. 2. 22 MRSA §2841, first ¶, as repealed and replaced by PL 1979, c. 363, §5, is amended to read:

Except as authorized by the department or as required under section 1596, a certificate of each death of a fetus of 20 or more weeks of gestation which occurs in this State shall be filed with the clerk of the municipality where the delivery occured within 3 <u>14</u> days after delivery and prior to removal of the fetus from the State.

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Sec. 3. 22 MRSA §2841, sub-§§2 and 3, are amended to read:

Medical certificate by physician. The medical certification shall be completed and signed within 24-hours 5
 days after delivery by the physician in attendance at or after the delivery/except delivery, except when an inquiry as to the cause of fetal death is required by law.

3. Medical certificate by medical examiner. When the fetal death occurs without medical attendance upon the mother at or
 after delivery, or when inquiry as to the cause of fetal death is required by law, the medical examiner shall complete and sign the
 medical certification within 24-hours 5 days after delivery. A certification need not be completed before the remains are ready
 for release.

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STATEMENT OF FACT

37 Current law requiring that spontaneous abortions or miscarriages be reported on forms designed for induced abortions
39 means that state agencies lack the information that could help identify environmental, occupational and biological factors that
41 may contribute to adverse pregnancy outcomes.

This bill modifies the Maine Revised Statutes, Title 22, section 1596, to require that spontaneous abortions or
 miscarriages be reported on a form comparable to that used for

1 fetal deaths of 20 weeks or more gestation, which requests information on geographic locale; parents' ages, race and 3 ancestry, education, occupation; mother's previous reproductive history; concurrent medical conditions, care, prenatal complications of labor and delivery; and cause of death. 5 То ensure confidentiality, the report of miscarriage will be sent 7 directly to the Department of Human Services and the identity of patient and reporting physician or other person is protected. 9

This bill amends Title 22, section 1596, to require induced abortion reports in this State to conform to the current United States Standard Report of Induced Termination of Pregnancy. It also amends Title 22, section 2841, to be consistent with the requirements for birth registration by extending the period for filing the fetal death certificate to allow more time for obtaining the medical and demographic information.

Page 3-LR0203(1)