MAINE STATE LEGISLATURE

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117th MAINE LEGISLATURE

FIRST REGULAR SESSION-1995

Legislative Document

No. 630

H.P. 464

House of Representatives, February 23, 1995

An Act to Require a 24-Hour Waiting Period before an Abortion May Be Performed.

Reference to the Committee on Judiciary suggested and ordered printed.

OSEPH W. MAYO, Clerk

Presented by Representative AHEARNE of Madawaska.
Cosponsored by Representatives: BAILEY of Township 27, CLARK of Millinocket,
CLUKEY of Houlton, DESMOND of Mapleton, DEXTER of Kingfield, DRISCOLL of
Calais, DUNN of Gray, GOULD of Greenville, HICHBORN of LaGrange, JOY of Crystal,
KEANE of Old Town, KNEELAND of Easton, LANE of Enfield, LAYTON of Cherryfield,
LOOK of Jonesboro, LUMBRA of Bangor, LUTHER of Mexico, MADORE of Augusta,
MARSHALL of Eliot, MERES of Norridgewock, MURPHY of Berwick, O'NEAL of
Limestone, PLOWMAN of Hampden, POIRIER of Saco, ROBICHAUD of Caribou,
ROSEBUSH of East Millinocket, SIMONEAU of Thomaston, SIROIS of Caribou,
STEDMAN of Hartland, STROUT of Corinth, TRIPP of Topsham, TUFTS of Stockton
Springs, UNDERWOOD of Oxford, VIGUE of Winslow, WHEELER of Bridgewater,
Senators: BERUBE of Androscoggin, CAREY of Kennebec, CASSIDY of Washington,
HALL of Piscataquis, HANLEY of Oxford, KIEFFER of Aroostook, LORD of York,
MICHAUD of Penobscot, PARADIS of Aroostook.

_	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 22 MRSA §1598, sub-§1, as amended by PL 1993, c. 61,
4	§2, is repealed and the following enacted in its place:
6	1. Policy. It is the public policy of the State that an
	abortion after viability may be performed only when necessary to
8	preserve the life or health of the pregnant woman. It is also
	the public policy that abortions may be performed only by a
10	physician.
12	Sec. 2. 22 MRSA §1598, sub-§2, ¶A-1 is enacted to read:
14	A-1. "Medical emergency" means a condition that, on the
	basis of the physician's good faith clinical judgment, so
16	complicates the medical condition of a pregnant woman as to
	necessitate the immediate abortion of her pregnancy to avert
18	her death or for which a delay will create serious risk of
	substantial and irreversible impairment of a major bodily
20	function.
22	Sec. 3. 22 MRSA §1598, sub-§4, as enacted by PL 1979, c. 405, §2, is repealed and the following enacted in its place:
24	gr, as repeared and the retreating endesed in rest practi-
	4. Abortions after viability; criminal liability. A person
26	who performs an abortion after viability commits a Class D crime if:
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30	A. That person knowingly disregards the viability of the fetus; and
32	B. That person knows that the abortion is not necessary for
32	the preservation of the life or health of the pregnant woman.
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	Sec. 4. 22 MRSA §1599-A, as enacted by PL 1993, c. 61, §4, is
36	repealed.
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38	Sec. 5. 22 MRSA §§1599-B, 1599-C, 1599-D and 1599-E are enacted
4.0	to read:
40	§1599-B. Informed consent to abortion
42	31399-B. Intolined consent to abortion
72	An abortion may not be performed or induced except with the
44	voluntary and informed consent of the pregnant woman upon whom
• •	the abortion is to be performed or induced, obtained in
46	accordance with this section.
48	1. Standards for consent. Except in the case of a medical
	emergency, consent to an abortion is voluntary and informed only
50	if before the consent is given, the physician who is to perform
	the abortion or the referring physician, or a qualified physician
52	assistant, health care practitioner or technician to whom the

	responsibility has been delegated by either physician, orally
2	informs the pregnant woman of the nature of the proposed
	procedure or treatment and of those risks and alternatives to the
4	procedure or treatment that a reasonable patient would consider
_	material to the decision whether to undergo the abortion, and the
6	pregnant woman certifies in writing before the abortion that she
	has been provided with that information. The following elements
8	of notice and consent are required by this section.
10	A. At least 24 hours before the abortion, the physician who
	is to perform the abortion or the referring physician shall
12	orally and in person inform the pregnant woman of:
14	(1) The nature of the proposed procedure or treatment
	and of those risks and alternatives to the procedure or
16	treatment that a reasonable patient would consider
	material to the decision of whether to undergo the
18	abortion;
20	(2) The probable gestational age of the fetus at the
	time the abortion is to be performed; and
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	(3) The medical risks associated with carrying the
24	fetus to term.
26	B. At least 24 hours before the abortion, the physician who
	is to perform the abortion or the referring physician, or a
28	qualified physician assistant, health care practitioner,
	technician or social worker to whom the responsibility has
30	been delegated by either physician, shall inform the
	pregnant woman that:
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	(1) The Department of Human Services publishes printed
34	materials that describe the fetus and list agencies
	that offer alternatives to abortion, that she has a
36	right to review the printed materials and that a copy
	will be provided to her free of charge if she chooses
38	to review them;
40	(2) Medical assistance benefits may be available for
	prenatal care, childbirth and neonatal care, and that
42	more detailed information on the availability of that
	assistance is contained in the printed materials
44	published by the Department of Human Services; and
46	(3) The father of the fetus is liable to assist in the
	support of her child, after birth, even when he has
48	offered to pay for the abortion. In the case of rape,
	this information may be omitted.
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	C. The information in subsection 1, paragraphs A and B must
52	be provided to the woman individually and in a private room

to protect her privacy and maintain the confidentiality of her decision, to ensure that the information focuses on her individual circumstances and that she has an adequate opportunity to ask questions.

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D. At least 24 hours before the abortion, the woman must be given a copy of the printed materials described in section 1599-C. If the woman is unable to the read the materials, they must be read to her. If the woman asks questions concerning any of the information or materials, answers must be provided to her in her own language.

E. The woman must certify in writing on a form provided by
the department, prior to the abortion, that the information
required to be provided under paragraphs A, B and D has been
provided. All physicians who perform abortions shall report
the total number of certifications received monthly to the
department. The department shall make the number of
certificates received available to the public on an annual
basis.

2.2 2. Violations; penalties. A physician who violates the provisions of this section commits unprofessional conduct and the 24 physician's license to practice is subject to suspension or revocation in accordance with procedures provided under Title 32, 26 chapter 36, subchapter V or Title 32, chapter 48, subchapter II. In addition, a physician who performs or induces an abortion 28 without first obtaining the certification required by subsection 1, paragraph D or with knowledge or reason to know that the 30 informed consent of the pregnant woman has not been obtained commits a Class E crime for the first offense and a Class D crime 32 for each subsequent offense. It is a defense to any action for violation of this section based on a failure to furnish the 34 information required by subsection 1, paragraphs A or B if the physician can demonstrate, by a preponderance of the evidence, that the physician reasonably believed that furnishing the 36 information would have resulted in a severely adverse effect on 38 the physical or mental health of the pregnant woman.

§1599-C. Printed information required

The department shall publish and make available within 60 days of the effective date of this section the following printed materials:

1. List of services. Geographically indexed materials designed to inform a pregnant woman of public and private agencies and services available to assist a woman through pregnancy and childbirth and while the child is dependent, including but not limited to adoption agencies, which must include a comprehensive list of the agencies available, a description of the services those agencies offer and a

description of the manner, including telephone numbers, in which the agencies may be contacted or, at the option of the department, printed materials including a toll-free, 24-hour telephone number that may be called to obtain such a list and a description of agencies in the locality of the caller and the services offered by those agencies. The materials must include the following statement.

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"There are many public and private agencies willing and able to help you to carry your child to term, and to assist you and your child after your child is born, whether you choose to keep your child or to place your child for adoption. The Maine Department of Human Services strongly urges you to contact the department before making a final decision about abortion."

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The materials must include information on the availability of medical assistance benefits for prenatal care, childbirth and neonatal care and state that it is unlawful for any individual to coerce a woman to undergo an abortion, that any physician who performs an abortion without obtaining informed consent from that woman or without according a private medical consultation may be liable to her for damages in a civil court action, that the father of a child is liable to assist in the support of that child even in instances when the father has offered to pay for an abortion and that the law permits adoptive parents to pay costs of prenatal care, childbirth and neonatal care;

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2. Characteristics of a fetus. Materials designed to inform a pregnant woman of the probable anatomical and physiological characteristics of a fetus at 2-week gestational increments from fertilization to full term, including pictures representing the development of a fetus at 2-week gestation increments and any relevant information on the possibility of the survival of the fetus. The pictures or drawings must contain the dimensions of the fetus and be realistic and appropriate for the woman's stage of pregnancy. The materials must be objective, nonjudgmental and designed to convey only accurate scientific information about the fetus at the various gestational ages. The material must also contain objective information describing the methods of abortion procedures commonly employed, the medical risks commonly associated with each procedure, the possible detrimental psychological effects of abortion, the medical risks commonly associated with each procedure and the medical risks commonly associated with carrying a fetus to term; and

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3. Certification form. A certification form to be used by the physician or the physician's agent under section 1599-B, subsection 1, paragraph E that lists all the items of information that must be given to a woman by the physician or the physician's agent.

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	All materials published pursuant to this section must be
2	prepared in a manner that is easily comprehensible to the average
	<u>reader.</u>
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	§1599-D. Civil penalties
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	1. Civil malpractice action. Any institutional violation
8	of this chapter is admissible in a civil suit as prima facie
10	evidence of a failure to obtain an informed consent. When
10	requested, the court shall allow a woman to proceed using solely
12	her initials or a pseudonym and may close any proceedings in the case and enter other protective orders to preserve the privacy of
12	the woman upon whom the abortion was performed.
14	the woman upon whom the abortion was performed.
14	2. Medical malpractice. Violation of this chapter provides
16	a basis for professional disciplinary action under laws governing
10	medical malpractice.
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	3. Wrongful death. Violation of this chapter provides a
20	basis for recovery for the woman for the death of her unborn
	child under laws governing wrongful death, whether or not the
22	unborn child was viable at the time the abortion was performed or
	was born alive.
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	§1599-E. Construction
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	This chapter may not be construed to create or recognize a
28	right to abortion.
20	The largest the intent of this shouten to make length on
30	It is not the intent of this chapter to make lawful an abortion that is currently unlawful.
32	abortion that is currently unlawful.
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34	STATEMENT OF FACT
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36	This bill repeals existing standards for informed consent
	and replaces them with a provision modeled after the Pennsylvania
38	statute held constitutional in Planned Parenthood of Southeastern
	Pennsylvania v. Casey,U.S, 112 S.Ct. 2791, 120 L.Ed.2d 674
40	(1992).