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HOUSE BILL NO. 479

Offered January 14, 2004

Prefiled January 13, 2004

A *BILL* to amend the Code of Virginia by adding in Title 32.1 a chapter numbered 5.3, consisting of sections numbered 32.1-162.23, 32.1-162.24 and 32.1-162.25, relating to systematic reporting of abortion.

Patron—Black

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Title 32.1 a chapter numbered 5.3, consisting of sections numbered 32.1-162.23, 32.1-162.24 and 32.1-162.25, as follows:

CHAPTER 5.3.**SYSTEMATIC REPORTING OF ABORTION.****§ 32.1-162.23. Definitions.**

For the purposes of this chapter:

"Abortion" means induced abortions.

"Induced abortion" means the use of any means to intentionally terminate the pregnancy of a woman who is known to be pregnant at the time with the knowledge that the termination of the pregnancy will, with reasonable likelihood, cause the death of the fetus.

§ 32.1-162.24. Abortion reporting form.

A. For the purpose of ensuring compliance with statutory requirements for obtaining an abortion, the Board of Health shall prepare and distribute, in accordance with this chapter, the abortion reporting form to be used by any physician performing induced abortions or treating complications of induced abortions. A copy of this chapter shall be attached to the form. Any physician performing or treating complications of induced abortions shall obtain the abortion reporting form from the Board. The abortion reporting form shall require, at minimum, the following aggregate information, without patient identifiers, for each abortion performed by the physician:

1. The number of induced abortions performed in the previous calendar year, broken down by month;
2. The method of abortion used for each induced abortion;
3. The approximate gestational age, in weeks, of the aborted fetus;
4. The age of the woman at the time of the abortion;
5. The number of induced abortions performed on minors who have obtained judicial authorization for the abortion pursuant to subsection V of § 16.1-241;
6. The number of induced abortions performed on minors who have the consent of an authorized person pursuant to subsection V of § 16.1-241;
7. The number of induced abortions performed on minors who have delivered to the physician a notarized, written statement signed by an authorized person stating that the authorized person knows of the minor's intent to have an abortion and consents to such abortion being performed on the minor;
8. The number of induced abortions performed to save the life of the woman;
9. The number of induced abortions performed because of a medical emergency as defined in subsection C of § 18.2-76;
10. The number of induced abortions performed pursuant to the written consent of woman in compliance with § 18.2-76;
11. The number of induced abortions for which written consent was given by a parent, guardian, committee, or other person standing in loco parentis to the adult woman when the woman has been adjudicated incapacitated by any court of competent jurisdiction or the physician knows or has good reason to believe that the woman is incapacitated;
12. The number of instances when the information required to be provided pursuant to § 18.2-76 prior to obtaining written consent for an abortion has been given by telephone;
13. The specific reason for the induced abortion, including but not limited to the following: (i) the pregnancy was a result of rape; (ii) the pregnancy was a result of incest; (iii) the woman cannot afford to raise a child; (iv) the woman does not desire to have a child; (v) the woman's emotional health is at stake; (vi) the woman will suffer substantial and irreversible impairment of a major bodily function if the pregnancy continues; or (vii) another reason;
14. Whether the induced abortion was paid for by (i) private insurance; (ii) a public health plan; or

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59 (iii) another source;

60 15. Whether coverage was under: (i) a fee-for-service insurance company; (ii) a managed care
61 company; or (iii) another type of health benefit;

62 16. Complications, if any, for each induced abortion and for the aftermath of each induced abortion;

63 17. The fee collected for performing or treating the induced abortion;

64 18. The type of anesthetic, if any, used for each induced abortion;

65 19. The method used to dispose of fetal tissue and remains;

66 20. The specialty area of the physician performing the induced abortion;

67 21. Whether the physician performing an induced abortion has been subject to license revocation or
68 suspension or other professional sanction; and

69 22. The number of previous abortions the woman has had.

70 B. Physicians performing or treating abortions shall complete and submit the abortion reporting
71 form to the Board no later than April 1 for abortions performed or treated in the previous calendar
72 year.

73 § 32.1-162.25. Induced abortion complication report form.

74 A. The Board of Health shall also prepare and distribute the induced abortion complication report
75 form for use by all physicians licensed and practicing in the Commonwealth. A copy of this chapter
76 shall be attached to the induced abortion complication report form. Any physician treating induced
77 abortion complications shall obtain the induced abortion complication report form from the Board. The
78 induced abortion complication report form shall require the following information for each patient so
79 treated by the physician:

80 1. The name of the physician filing the report and his specialty;

81 2. The name, address, and telephone number of the health care facility in which the abortion
82 complication was diagnosed and treated;

83 3. The date on which the abortion complication was diagnosed;

84 4. The age of the patient experiencing such complications;

85 5. The description of the complication; and

86 6. The recommended follow-up care and the name of the individual who will be providing such
87 follow-up care.

88 B. The Board of Health, in cooperation with the Board of Medicine, shall ensure that induced
89 abortion complication report form required by this chapter, together with a copy of this chapter, are
90 provided to all physicians licensed to practice in Virginia.

91 C. Any physician practicing in Virginia who encounters, in the course of his practice, a patient with
92 an illness or injury that is related to an induced abortion shall complete and submit an induced
93 abortion complication report to the Board as soon as practicable after initially treating the patient with
94 the induced abortion-related illness or injury, but in no case more than 60 days after such an
95 encounter. Unacceptable delay or failure to submit an induced abortion complication report shall be
96 sanctioned in accordance with the penalties provided in § 32.1-27.

97 D. By July 1 of each year, beginning in 2004, the Board shall issue a public report providing the
98 same detailed information required in the abortion reporting form and the induced abortion
99 complication report form. The public report shall cover the entire previous calendar year and shall be
100 compiled from the data in all the abortion reporting forms and the induced abortion complications
101 report forms for that year. Each public report shall also provide detailed information for all previous
102 calendar years, adjusted to reflect any additional information from late or corrected reports. The Board
103 shall take care to ensure that none of the information included in the public reports can be used to
104 identify any physician who performed or treated an abortion or any woman who has had an abortion.

105 E. The Board shall charge a filing fee for submission of the data required by this chapter that shall
106 be reasonably calculated to defray the costs of administering the collection, analyses, and storage of the
107 information.

108 F. Physicians who fail to submit the abortion reporting form or the induced abortion complication
109 report form at the required times, including a grace period of 30 days, shall be subject to a late fee of
110 \$500 for each additional 30 days that such forms are overdue. In addition, the Board may pursue the
111 penalties or other relief provided in § 32.1-27 in any case in which a physician has failed to file the
112 required forms within one year or has filed incomplete forms.

113 G. The Board may take such reasonable steps, as it may deem necessary, to ensure compliance with
114 this chapter and to verify the reported data, including, but not limited to, inspection of medical records
115 and the places in which induced abortions are performed.