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HB	1312/13 – H	GO						CF SB 34
By:	Delegates	Parrott,	McDermott,	Afzali,	Arentz,	Aumann,	Bates.	Boteler,

By: Delegates Parrott, McDermott, Afzali, Arentz, Aumann, Bates, Boteler, Burns, Cluster, Dwyer, Eckardt, Elliott, Frank, Glass, Haddaway-Riccio, Hogan, Hough, Impallaria, Jacobs, Kach, Kipke, Krebs, McComas, McConkey, McDonough, McMillan, W. Miller, Minnick, Myers, Norman, O'Donnell, Otto, Ready, Schuh, Schulz, Serafini, Smigiel, Sophocleus, Stifler, Stocksdale, Szeliga, Vitale, and Wood

Introduced and read first time: January 20, 2014 Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

 $\mathbf{2}$

Pain-Capable Unborn Child Protection Act

3 FOR the purpose of prohibiting, except under certain circumstances, the performance 4 or inducement or attempted performance or inducement of an abortion of a $\mathbf{5}$ pregnant woman unless a certain determination as to the probable age of the 6 unborn child is made by a certain physician; providing that the failure of a 7 physician to perform certain actions is deemed unprofessional conduct; 8 prohibiting the performance or inducement or attempted performance or 9 inducement of an abortion of a pregnant woman if the probable age of an 10 unborn child is a certain number of weeks, except under certain circumstances; 11 requiring an abortion to be performed in a certain manner under certain 12circumstances; requiring certain physicians to submit a certain report to the 13Department of Health and Mental Hygiene that includes certain information; 14requiring the Department to issue a certain public report by a certain date each 15year that includes certain information; requiring the Department to adopt certain regulations on or before a certain date; establishing certain civil and 1617criminal penalties; authorizing certain persons to bring a civil action under 18 certain circumstances; authorizing certain persons to apply to a certain court for 19 permanent or temporary injunctive relief against a certain person under certain 20circumstances; providing for the award of certain attorney's fees under certain 21circumstances; requiring a court to make a certain determination in a certain 22proceeding; requiring a court to issue certain orders under certain 23circumstances; requiring certain persons to use a pseudonym to bring a certain 24action in court under certain circumstances; providing for the construction of 25various provisions of this Act; stating certain findings of the General Assembly;

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law.



defining certain terms; and generally relating to the Pain-Capable Unborn

 $\mathbf{2}$

1

 $\mathbf{2}$ Child Protection Act. 3 BY adding to Article – Health – General 4 Section 20–217 through 20–225 to be under the new part "Part V. Pain–Capable $\mathbf{5}$ Unborn Child Protection Act" 6 7Annotated Code of Maryland 8 (2009 Replacement Volume and 2013 Supplement) 9 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 10 MARYLAND, That the Laws of Maryland read as follows: Article – Health – General 11 12**20–215.** RESERVED. 20–216. RESERVED. 13 PART V. PAIN-CAPABLE UNBORN CHILD PROTECTION ACT. 14 20-217. 15THE MARYLAND GENERAL ASSEMBLY FINDS THAT: 16 17(1) PAIN RECEPTORS (NOCICEPTORS) ARE PRESENT THROUGHOUT AN UNBORN CHILD'S ENTIRE BODY AND NERVES LINK THESE 18 RECEPTORS TO THE BRAIN'S THALAMUS AND SUBCORTICAL PLATE BY NO LATER 19 20THAN 20 WEEKS; 21BY 8 WEEKS AFTER FERTILIZATION, AN UNBORN CHILD (2) 22REACTS TO TOUCH AND, AFTER 20 WEEKS, AN UNBORN CHILD REACTS TO STIMULI THAT WOULD BE RECOGNIZED AS PAINFUL IF APPLIED TO AN ADULT 2324HUMAN; 25(3) IN AN UNBORN CHILD, APPLICATION OF PAINFUL STIMULI IS 26ASSOCIATED WITH SIGNIFICANT INCREASES IN STRESS HORMONES KNOWN AS 27THE STRESS RESPONSE; 28(4) SUBJECTION TO PAINFUL STIMULI IS ASSOCIATED WITH 29LONG-TERM HARMFUL NEURODEVELOPMENTAL EFFECTS, INCLUDING ALTERED PAIN SENSITIVITY AND, POSSIBLY, EMOTIONAL, BEHAVIORAL, AND LEARNING 30 31 **DISABILITIES LATER IN LIFE;**

1 (5) FOR THE PURPOSES OF SURGERY ON UNBORN CHILDREN, 2 FETAL ANESTHESIA IS ROUTINELY ADMINISTERED AND IS ASSOCIATED WITH A 3 DECREASE IN STRESS HORMONES COMPARED TO THEIR LEVEL WHEN PAINFUL 4 STIMULI ARE APPLIED WITHOUT FETAL ANESTHESIA;

 $\mathbf{5}$ THE POSITION, ASSERTED BY SOME MEDICAL EXPERTS, THAT (6) 6 AN UNBORN CHILD IS INCAPABLE OF EXPERIENCING PAIN UNTIL A POINT LATER 7 IN PREGNANCY THAN 20 WEEKS AFTER FERTILIZATION PREDOMINATELY RESTS 8 ON THE ASSUMPTION THAT THE ABILITY TO EXPERIENCE PAIN DEPENDS ON THE 9 CEREBRAL CORTEX AND REQUIRES NERVE CONNECTIONS BETWEEN THE 10 THALAMUS AND THE CORTEX, BUT RECENT MEDICAL RESEARCH AND ANALYSIS, 11 ESPECIALLY SINCE 2007, PROVIDE STRONG EVIDENCE FOR THE CONCLUSION THAT A FUNCTIONING CORTEX IS NOT NECESSARY TO EXPERIENCE PAIN; 12

13(7)SUBSTANTIAL EVIDENCE INDICATES THAT CHILDREN BORN14MISSING THE BULK OF THE CEREBRAL CORTEX, THOSE WITH15HYDRANENCEPHALY, NEVERTHELESS EXPERIENCE PAIN;

16 (8) IN ADULTS, STIMULATION OR ABLATION OF THE CEREBRAL 17 CORTEX DOES NOT ALTER PAIN PERCEPTION, WHILE STIMULATION OR 18 ABLATION OF THE THALAMUS DOES;

19 (9) SUBSTANTIAL EVIDENCE INDICATES THAT STRUCTURES USED 20 FOR PAIN PROCESSING IN EARLY DEVELOPMENT DIFFER FROM THOSE OF 21 ADULTS, USING DIFFERENT NEURAL ELEMENTS AVAILABLE AT SPECIFIC TIMES 22 DURING DEVELOPMENT, INCLUDING THE SUBCORTICAL PLATE, TO FULFILL THE 23 ROLE OF PAIN PROCESSING;

(10) THE POSITION, ASSERTED BY SOME MEDICAL EXPERTS, THAT
AN UNBORN CHILD REMAINS IN A COMA-LIKE SLEEP STATE THAT PRECLUDES
AN UNBORN CHILD EXPERIENCING PAIN IS INCONSISTENT WITH THE
DOCUMENTED REACTION OF UNBORN CHILDREN TO PAINFUL STIMULI AND
WITH THE EXPERIENCE OF FETAL SURGEONS WHO HAVE FOUND IT NECESSARY
TO SEDATE AN UNBORN CHILD WITH ANESTHESIA TO PREVENT THE UNBORN
CHILD FROM THRASHING ABOUT IN REACTION TO INVASIVE SURGERY;

(11) CONSEQUENTLY, THERE IS SUBSTANTIAL MEDICAL EVIDENCE
 THAT AN UNBORN CHILD IS CAPABLE OF EXPERIENCING PAIN BY 20 WEEKS
 AFTER FERTILIZATION;

(12) IT IS THE DUTY OF THE STATE TO ASSERT A COMPELLING
 STATE INTEREST IN PROTECTING THE LIVES OF UNBORN CHILDREN FROM THE
 STAGE AT WHICH SUBSTANTIAL MEDICAL EVIDENCE INDICATES THAT THEY ARE
 CAPABLE OF FEELING PAIN; AND

1 (13) THE STATE'S COMPELLING INTEREST IN PROTECTING THE 2 LIVES OF UNBORN CHILDREN FROM THE STAGE AT WHICH SUBSTANTIAL 3 MEDICAL EVIDENCE INDICATES THAT THEY ARE CAPABLE OF FEELING PAIN IS 4 INTENDED TO BE SEPARATE FROM AND INDEPENDENT OF THE STATE'S 5 COMPELLING INTEREST IN PROTECTING THE LIVES OF UNBORN CHILDREN 6 FROM THE STAGE OF VIABILITY, AND NEITHER STATE INTEREST IS INTENDED 7 TO REPLACE THE OTHER.

8 **20–218.**

9 (A) IN THIS PART THE FOLLOWING WORDS HAVE THE MEANINGS 10 INDICATED.

11(B)(1)"ABORTION" MEANS THE INTENTIONAL USE OF ANY12INSTRUMENT, MEDICINE, DRUG, OR ANY OTHER SUBSTANCE OR DEVICE TO13TERMINATE THE PREGNANCY OF A WOMAN KNOWN TO BE PREGNANT.

14(2) "ABORTION" DOES NOT INCLUDE THE INTENTIONAL15TERMINATION OF A PREGNANCY FOR THE PURPOSE OF:

16

(I) INCREASING THE PROBABILITY OF A LIVE BIRTH;

17(II)PRESERVATION OF THE LIFE OR HEALTH OF THE CHILD18AFTER LIVE BIRTH; OR

(III) REMOVING A DEAD UNBORN CHILD WHO DIED IN UTERO
 AS THE RESULT OF NATURAL CAUSES, ACCIDENTAL TRAUMA, OR A CRIMINAL
 ASSAULT ON THE PREGNANT WOMAN OR HER UNBORN CHILD THAT CAUSES THE
 PREMATURE TERMINATION OF A PREGNANCY.

(C) "ATTEMPT TO PERFORM OR INDUCE AN ABORTION" MEANS AN ACT,
OR AN OMISSION OF A STATUTORILY REQUIRED ACT, THAT, UNDER THE
CIRCUMSTANCES AS THE ACTOR BELIEVES THEM TO BE, CONSTITUTES A
SUBSTANTIAL STEP IN A COURSE OF CONDUCT PLANNED TO CULMINATE IN THE
PERFORMANCE OR INDUCTION OF AN ABORTION.

(D) "FERTILIZATION" MEANS THE FUSION OF A HUMAN SPERMATOZOON
 WITH A HUMAN OVUM.

(E) (1) "MEDICAL EMERGENCY" MEANS A CONDITION THAT, IN
 REASONABLE MEDICAL JUDGMENT, SO COMPLICATES THE MEDICAL CONDITION
 OF THE PREGNANT WOMAN THAT IT NECESSITATES THE IMMEDIATE ABORTION
 OF HER PREGNANCY WITHOUT FIRST DETERMINING POSTFERTILIZATION AGE

TO AVERT THE WOMAN'S DEATH OR FOR WHICH THE DELAY NECESSARY TO 1 $\mathbf{2}$ DETERMINE POSTFERTILIZATION AGE WILL CREATE SERIOUS RISK OF 3 SUBSTANTIAL AND IRREVERSIBLE PHYSICAL IMPAIRMENT OF A MAJOR BODILY 4 FUNCTION, NOT INCLUDING PSYCHOLOGICAL OR EMOTIONAL CONDITIONS. (2) "MEDICAL EMERGENCY" DOES NOT INCLUDE A CONDITION $\mathbf{5}$ 6 BASED ON A CLAIM OR DIAGNOSIS THAT THE WOMAN WILL ENGAGE IN CONDUCT 7 WHICH SHE INTENDS TO RESULT IN HER DEATH OR IN SUBSTANTIAL AND 8 **IRREVERSIBLE PHYSICAL IMPAIRMENT OF A MAJOR BODILY FUNCTION.** 9 "PHYSICIAN" MEANS ANY INDIVIDUAL LICENSED BY THE STATE **(F)** BOARD OF PHYSICIANS TO PRACTICE MEDICINE IN THE STATE. 10 "POSTFERTILIZATION AGE" MEANS THE AGE OF THE UNBORN CHILD 11 (G) 12 AS CALCULATED FROM THE FUSION OF A HUMAN SPERMATOZOON WITH A 13 HUMAN OVUM. 14 (H) "PROBABLE POSTFERTILIZATION AGE OF THE UNBORN CHILD" MEANS THE AGE THAT, IN REASONABLE MEDICAL JUDGMENT, WILL WITH 1516 **REASONABLE PROBABILITY BE THE POSTFERTILIZATION AGE OF THE UNBORN** 17CHILD AT THE TIME THE ABORTION IS PLANNED TO BE PERFORMED OR 18 INDUCED. "REASONABLE MEDICAL JUDGMENT" MEANS A MEDICAL JUDGMENT 19 **(I)** THAT WOULD BE MADE BY A REASONABLY PRUDENT PHYSICIAN WHO IS 20 21KNOWLEDGEABLE ABOUT THE CASE AND THE TREATMENT POSSIBILITIES WITH 22**RESPECT TO THE MEDICAL CONDITIONS INVOLVED.** "UNBORN CHILD" OR "FETUS" MEANS AN INDIVIDUAL ORGANISM OF 23(J) 24THE SPECIES HOMO SAPIENS FROM FERTILIZATION UNTIL LIVE BIRTH. 25(K) "WOMAN" MEANS A FEMALE HUMAN BEING WHETHER OR NOT SHE 26HAS REACHED THE AGE OF MAJORITY. 2720 - 219.

(A) (1) EXCEPT IN THE CASE OF A MEDICAL EMERGENCY, AN
ABORTION MAY NOT BE PERFORMED OR INDUCED OR BE ATTEMPTED TO BE
PERFORMED OR INDUCED UNLESS THE PHYSICIAN PERFORMING OR INDUCING
THE ABORTION:

32 (I) HAS MADE A DETERMINATION OF THE PROBABLE 33 POSTFERTILIZATION AGE OF THE UNBORN CHILD; OR

1(II)IS RELYING ON THE DETERMINATION OF THE PROBABLE2POSTFERTILIZATION AGE OF THE UNBORN CHILD MADE BY ANOTHER3PHYSICIAN.

4 (2) IN MAKING A DETERMINATION UNDER PARAGRAPH (1) OF 5 THIS SUBSECTION, THE PHYSICIAN SHALL:

6

(I) MAKE INQUIRIES OF THE PREGNANT WOMAN; AND

7 (II) PERFORM OR CAUSE TO BE PERFORMED MEDICAL 8 EXAMINATIONS AND TESTS THAT A REASONABLY PRUDENT PHYSICIAN, 9 KNOWLEDGEABLE ABOUT THE CASE AND THE MEDICAL CONDITIONS INVOLVED, 10 WOULD CONSIDER NECESSARY TO PERFORM IN MAKING AN ACCURATE 11 DIAGNOSIS OF THE POSTFERTILIZATION AGE.

(B) THE FAILURE OF A PHYSICIAN TO CONFORM TO THE PROVISIONS OF
 SUBSECTION (A) OF THIS SECTION IS DEEMED "UNPROFESSIONAL CONDUCT"
 UNDER § 14–404 OF THE HEALTH OCCUPATIONS ARTICLE.

15 **20–220.**

16 (A) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS 17 SUBSECTION, AN INDIVIDUAL MAY NOT PERFORM OR INDUCE OR ATTEMPT TO 18 PERFORM OR INDUCE AN ABORTION ON A PREGNANT WOMAN IF THE PROBABLE 19 POSTFERTILIZATION AGE OF THE WOMAN'S UNBORN CHILD HAS BEEN 20 DETERMINED BY A PHYSICIAN TO BE 20 WEEKS OR MORE.

(2) IF, IN THE REASONABLE MEDICAL JUDGMENT OF A
PHYSICIAN, THE PREGNANT WOMAN HAS A MEDICAL EMERGENCY, A PHYSICIAN
MAY PERFORM OR INDUCE AN ABORTION ON A PREGNANT WOMAN WHOSE
UNBORN CHILD HAS A PROBABLE POSTFERTILIZATION AGE OF 20 WEEKS OR
MORE AS DETERMINED BY A PHYSICIAN.

26(1) WHEN AN ABORTION IS PERFORMED OR INDUCED ON A **(B)** PREGNANT WOMAN UNDER SUBSECTION (A)(2) OF THIS SECTION, THE 27PHYSICIAN SHALL TERMINATE THE PREGNANCY IN THE MANNER THAT, IN THE 2829PHYSICIAN'S REASONABLE MEDICAL JUDGMENT, PROVIDES THE BEST 30 OPPORTUNITY FOR THE UNBORN CHILD TO SURVIVE, UNLESS USING THAT METHOD WOULD, IN THE PHYSICIAN'S REASONABLE MEDICAL JUDGMENT, POSE 31 A GREATER RISK OF THE DEATH OR OF THE SUBSTANTIAL AND IRREVERSIBLE 32 PHYSICAL IMPAIRMENT OF A MAJOR BODILY FUNCTION OF THE PREGNANT 33 34WOMAN, NOT INCLUDING PSYCHOLOGICAL OR EMOTIONAL CONDITIONS.

6

1 (2) A MANNER OF ABORTION DOES NOT INCLUDE A GREATER 2 RISK OF DEATH OR SUBSTANTIAL AND IRREVERSIBLE PHYSICAL IMPAIRMENT 3 OF A MAJOR BODILY FUNCTION IF IT IS BASED ON A CLAIM OR DIAGNOSIS THAT 4 THE WOMAN WILL ENGAGE IN CONDUCT WHICH SHE INTENDS TO RESULT IN HER 5 DEATH OR IN SUBSTANTIAL AND IRREVERSIBLE PHYSICAL IMPAIRMENT OF A 6 MAJOR BODILY FUNCTION.

7 **20–221.**

8 (A) A PHYSICIAN WHO PERFORMS OR INDUCES OR ATTEMPTS TO 9 PERFORM OR INDUCE AN ABORTION SHALL SUBMIT A REPORT TO THE 10 DEPARTMENT THAT INCLUDES INFORMATION ON:

11(1) THE POSTFERTILIZATION AGE OF THE UNBORN CHILD OF THE12PREGNANT WOMAN:

13 **(I)** \mathbf{IF} Α DETERMINATION OF **PROBABLE** POSTFERTILIZATION AGE WAS MADE, WHETHER ULTRASOUND WAS EMPLOYED 1415THE DETERMINATION, AND THE WEEK OF IN MAKING **PROBABLE** 16 **POSTFERTILIZATION AGE DETERMINED; AND**

17(II)IFADETERMINATIONOFPROBABLE18POSTFERTILIZATION AGE WAS NOT MADE, THE BASIS OF THE DETERMINATION19THAT A MEDICAL EMERGENCY EXISTED;

20 (2) THE METHOD OF ABORTION PERFORMED OR INDUCED, 21 INCLUDING:

22(I)MEDICATIONABORTION,INCLUDING23MIFEPRISTONE/MISOPROSTOL, METHOTREXATE/MISOPROSTOL, OR ANY OTHER24MEDICATION USED;

25		(II)	MANUAL VACUUM ASPIRATION;
26		(III)	ELECTRICAL VACUUM ASPIRATION;
27		(IV)	DILATION AND EVACUATION;
28 29	EVACUATION;	(V)	COMBINED INDUCTION ABORTION AND DILATION AND
30		(VI)	INDUCTION ABORTION WITH PROSTAGLANDINS;

	8 HOUSE BILL 283								
$rac{1}{2}$	(VII) INDUCTION ABORTION WITH INTRAAMNIOTIC INSTILLATION, INCLUDING SALINE OR UREA;								
3	(VIII) INDUCTION ABORTION;								
4 5	(IX) INTACT DILATION AND EXTRACTION (PARTIAL-BIRTH); OR								
6	(X) ANY OTHER METHOD USED;								
7 8 9	(3) WHETHER AN INTRAFETAL INJECTION WAS USED IN AN ATTEMPT TO INDUCE FETAL DEMISE, INCLUDING THE USE OF INTRAFETAL POTASSIUM CHLORIDE OR DIGOXIN;								
10	(4) THE AGE AND RACE OF THE PREGNANT WOMAN; AND								
11 12	(5) IF THE PROBABLE POSTFERTILIZATION AGE WAS DETERMINED TO BE 20 OR MORE WEEKS:								
$13 \\ 14 \\ 15 \\ 16 \\ 17$	(I) THE BASIS OF THE PHYSICIAN'S DETERMINATION THAT THE PREGNANT WOMAN HAD A CONDITION THAT SO COMPLICATED HER MEDICAL CONDITION AS TO NECESSITATE THE ABORTION OF HER PREGNANCY TO AVERT HER DEATH OR TO AVERT SERIOUS RISK OF SUBSTANTIAL AND IRREVERSIBLE PHYSICAL IMPAIRMENT OF A MAJOR BODILY FUNCTION, NOT								
18 19	INCLUDING PSYCHOLOGICAL OR EMOTIONAL CONDITIONS; AND (II) WHETHER OR NOT THE METHOD OF ABORTION USED								
20 21 22 23 24 25 26 27	WAS ONE THAT, IN REASONABLE MEDICAL JUDGMENT, PROVIDED THE BEST OPPORTUNITY FOR THE UNBORN CHILD TO SURVIVE AND, IF SUCH A METHOD WAS NOT USED, THE BASIS OF THE DETERMINATION THAT TERMINATION OF THE PREGNANCY IN THAT MANNER WOULD POSE A GREATER RISK OF THE DEATH OF THE PREGNANT WOMAN OR OF THE SUBSTANTIAL AND IRREVERSIBLE PHYSICAL IMPAIRMENT OF A MAJOR BODILY FUNCTION, NOT INCLUDING PSYCHOLOGICAL OR EMOTIONAL CONDITIONS, OF THE WOMAN THAN OTHER AVAILABLE METHODS OF ABORTION.								
28 29	(B) (1) A REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION:								
30	(I) MAY NOT INCLUDE:								
$\frac{31}{32}$	1. THE NAME OR THE ADDRESS OF THE WOMAN WHOSE PREGNANCY WAS TERMINATED; OR								

2. 1 ANY OTHER PERSONAL INFORMATION THAT $\mathbf{2}$ COULD IDENTIFY THE PREGNANT WOMAN; AND 3 **(II)** SHALL INCLUDE A UNIQUE MEDICAL RECORD IDENTIFYING NUMBER TO ENABLE MATCHING THE PHYSICIAN'S REPORT TO THE 4 $\mathbf{5}$ INDIVIDUAL'S MEDICAL RECORDS. 6 (2) A REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION SHALL BE SUBMITTED ON THE FORMS AND ON A SCHEDULE REQUIRED 78 BY THE DEPARTMENT IN REGULATION. 9 (3) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS **(I)** 10 PARAGRAPH, A REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION SHALL BE CONFIDENTIAL AND NOT AVAILABLE FOR PUBLIC INSPECTION. 11 12**(II)** ON REQUEST, REPORT REQUIRED UNDER Α 13SUBSECTION (A) OF THIS SECTION SHALL BE MADE AVAILABLE: 141. TO THE ATTORNEY GENERAL OR A STATE'S ATTORNEY PURSUANT TO A CRIMINAL OR CIVIL INVESTIGATION; OR 1516 2. **ON A COURT ORDER.** 17(C) (1) ON OR BEFORE JUNE 30 OF EACH YEAR, THE DEPARTMENT 18 SHALL ISSUE A PUBLIC REPORT PROVIDING STATISTICS FOR THE PREVIOUS 19 CALENDAR YEAR COMPILED FROM ALL OF THE REPORTS COVERING THAT YEAR SUBMITTED IN ACCORDANCE WITH SUBSECTION (A) OF THIS SECTION FOR EACH 2021OF THE ITEMS LISTED IN SUBSECTION (A) OF THIS SECTION. 22(2) THE REPORT SHALL INCLUDE THE STATISTICS FOR ALL 23PREVIOUS CALENDAR YEARS, ADJUSTED TO REFLECT ANY ADDITIONAL 24INFORMATION FROM LATE OR CORRECTED REPORTS. 25THE REPORT MAY NOT INCLUDE PERSONAL IDENTIFYING (3) 26INFORMATION OF ANY PREGNANT WOMAN ON WHOM AN ABORTION WAS 27PERFORMED, INDUCED, OR ATTEMPTED. 28(1) THE DEPARTMENT SHALL ADOPT **(**D**)** REGULATIONS TO 29IMPLEMENT THE PROVISIONS OF THIS SECTION ON OR BEFORE JANUARY 1, 2015. 30

1 (2) THE REGULATIONS SHALL REQUIRE THAT THE REPORT 2 REQUIRED UNDER SUBSECTION (A) OF THIS SECTION INCLUDE ALL ABORTIONS 3 PERFORMED OR INDUCED ON AND AFTER THE FIRST DAY OF THE FIRST 4 CALENDAR MONTH FOLLOWING THE DATE THE REGULATIONS ARE ADOPTED.

5 (E) (1) A PHYSICIAN MAY NOT KNOWINGLY FAIL TO FILE OR LATE 6 FILE A REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION.

7 (2) ANY PHYSICIAN WHO FAILS TO SUBMIT A REPORT REQUIRED 8 UNDER SUBSECTION (A) OF THIS SECTION WITHIN **30** DAYS AFTER THE 9 REPORTING DEADLINE IN VIOLATION OF THIS SUBSECTION IS SUBJECT TO A 10 CIVIL PENALTY OF **\$1,000** FOR EACH **30–DAY** PERIOD OR PORTION OF A **30–DAY** 11 PERIOD THE REPORT IS OVERDUE.

12 (3) (I) A PHYSICIAN WHO FAILS TO FILE A REPORT OR 13 KNOWINGLY FILES AN INCOMPLETE REPORT MORE THAN 6 MONTHS AFTER 14 JUNE 30 OF THE REPORTING YEAR MAY, IN AN ACTION BROUGHT BY THE 15 DEPARTMENT, BE DIRECTED BY A COURT OF COMPETENT JURISDICTION TO 16 SUBMIT A COMPLETE REPORT WITHIN A PERIOD STATED BY COURT ORDER OR 17 BE SUBJECT TO CIVIL CONTEMPT.

18 (II) A WILLFUL FAILURE BY ANY PHYSICIAN TO CONFORM 19 TO ANY REQUIREMENT OF THIS SECTION, OTHER THAN LATE FILING OF A 20 REPORT, SHALL BE DEEMED "UNPROFESSIONAL CONDUCT" UNDER § 14–404 OF 21 THE HEALTH OCCUPATIONS ARTICLE.

(III) A WILLFUL FAILURE BY ANY PHYSICIAN TO SUBMIT A
 COMPLETE REPORT IN ACCORDANCE WITH A COURT ORDER UNDER
 SUBPARAGRAPH (I) OF THIS PARAGRAPH SHALL BE DEEMED "UNPROFESSIONAL
 CONDUCT" UNDER § 14–404 OF THE HEALTH OCCUPATIONS ARTICLE.

26 (4) (1) A PHYSICIAN MAY NOT WILLFULLY FALSIFY A REPORT 27 REQUIRED UNDER THIS SECTION.

(II) A PHYSICIAN WHO VIOLATES THIS PARAGRAPH IS
 GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE NOT
 EXCEEDING \$1,000.

31 **20–222.**

(A) (1) A WOMAN ON WHOM AN ABORTION IS PERFORMED OR
INDUCED OR THE FATHER OF THE UNBORN CHILD WHO WAS THE SUBJECT OF AN
ABORTION PERFORMED IN VIOLATION OF THIS PART MAY BRING A CIVIL ACTION
AGAINST THE PERSON WHO PERFORMED OR INDUCED THE ABORTION IN

1 INTENTIONAL OR RECKLESS VIOLATION OF THIS PART FOR COMPENSATORY 2 AND PUNITIVE DAMAGES.

3 (2) A WOMAN ON WHOM AN ABORTION WAS ATTEMPTED IN 4 VIOLATION OF THIS PART MAY BRING A CIVIL ACTION AGAINST THE PERSON 5 WHO ATTEMPTED TO PERFORM OR INDUCE THE ABORTION IN INTENTIONAL OR 6 RECKLESS VIOLATION OF THIS PART FOR COMPENSATORY AND PUNITIVE 7 DAMAGES.

8 **(B)** A WOMAN ON WHOM AN ABORTION WAS PERFORMED OR INDUCED 9 OR ATTEMPTED TO BE PERFORMED OR INDUCED IN VIOLATION OF THIS PART. THE WOMAN'S SPOUSE, PARENT, GUARDIAN, OR SIBLING, OR THE WOMAN'S 10 CURRENT OR FORMER LICENSED HEALTH CARE PROVIDER, THE DEPARTMENT, 11 12THE ATTORNEY GENERAL, OR THE STATE'S ATTORNEY FOR THE COUNTY WHERE THE ABORTION WAS PERFORMED MAY APPLY TO THE APPROPRIATE 13 14COURT FOR A TEMPORARY OR PERMANENT INJUNCTION TO RESTRAIN THE 15PERSON THAT PERFORMED OR INDUCED THE ABORTION OR ATTEMPTED TO PERFORM OR INDUCE AN ABORTION ON THE WOMAN FOR VIOLATING THIS PART: 16

- 17
- (1) WHETHER OR NOT AN ADEQUATE REMEDY AT LAW EXISTS;
- 18
- (2) IN ADDITION TO OTHER REMEDIES PROVIDED BY LAW; AND
- 19
- (3) **NOTWITHSTANDING ANY OTHER LAW.**

20 (C) (1) IF A JUDGMENT IS RENDERED IN FAVOR OF THE PLAINTIFF IN 21 AN ACTION TAKEN UNDER THIS SECTION, THE COURT ALSO SHALL RENDER 22 JUDGMENT FOR REASONABLE ATTORNEY'S FEES IN FAVOR OF THE PLAINTIFF 23 AGAINST THE DEFENDANT.

24 (2) IF JUDGMENT IS RENDERED IN FAVOR OF THE DEFENDANT 25 AND THE COURT FINDS THAT THE PLAINTIFF'S ACTION WAS FRIVOLOUS AND 26 BROUGHT IN BAD FAITH, THE COURT SHALL RENDER JUDGMENT FOR 27 REASONABLE ATTORNEY'S FEES IN FAVOR OF THE DEFENDANT AGAINST THE 28 PLAINTIFF.

(D) NO DAMAGES OR ATTORNEY'S FEES MAY BE ASSESSED AGAINST THE
 WOMAN ON WHOM AN ABORTION WAS PERFORMED OR INDUCED OR ATTEMPTED
 TO BE PERFORMED OR INDUCED EXCEPT UNDER SUBSECTION (C)(2) OF THIS
 SECTION.

33 **20–223.**

1 (A) IN A CIVIL ACTION OR CRIMINAL PROCEEDING BROUGHT UNDER 2 THIS PART, THE COURT SHALL DETERMINE WHETHER THE ANONYMITY OF A 3 WOMAN ON WHOM AN ABORTION HAS BEEN PERFORMED OR INDUCED OR 4 ATTEMPTED TO BE PERFORMED OR INDUCED SHALL BE PRESERVED FROM 5 PUBLIC DISCLOSURE IF SHE DOES NOT GIVE HER CONSENT TO DISCLOSURE.

6 (B) (1) IF A COURT FINDS THAT A WOMAN'S ANONYMITY SHOULD BE 7 PRESERVED UNDER SUBSECTION (A) OF THIS SECTION, THE COURT SHALL:

- 8 (I) ISSUE A GAG ORDER TO THE PARTIES, WITNESSES, AND 9 COUNSEL;
- 10

(II) SEAL THE RECORD; AND

11(III) EXCLUDE UNAUTHORIZED INDIVIDUALS FROM12COURTROOMS OR HEARING ROOMS TO THE EXTENT NECESSARY TO SAFEGUARD13THE WOMAN'S IDENTITY FROM PUBLIC DISCLOSURE.

14 (2) EACH ORDER ISSUED UNDER PARAGRAPH (1) OF THIS 15 SUBSECTION SHALL BE ACCOMPANIED BY A SPECIFIC WRITTEN FINDING 16 EXPLAINING:

17 (I) WHY THE ANONYMITY OF THE WOMAN SHOULD BE 18 PRESERVED FROM PUBLIC DISCLOSURE;

19 (II) WHY THE ORDER IS ESSENTIAL TO PRESERVING THE 20 WOMAN'S ANONYMITY;

21 (III) HOW THE ORDER IS NARROWLY TAILORED TO SERVE 22 THE WOMAN'S INTERESTS; AND

23(IV)WHY NO REASONABLE LESS RESTRICTIVE ALTERNATIVE24EXISTS.

(C) IF A WOMAN ON WHOM AN ABORTION HAS BEEN PERFORMED OR
INDUCED OR ATTEMPTED TO BE PERFORMED OR INDUCED REFUSES TO
CONSENT TO DISCLOSURE OF HER NAME IN A COURT PROCEEDING UNDER
SUBSECTION (A) OF THIS SECTION, ANY PERSON LISTED IN § 20–222 OF THIS
PART, OTHER THAN A PUBLIC OFFICIAL, WHO BRINGS AN ACTION UNDER THIS
PART SHALL USE A PSEUDONYM.

12

1 (D) THIS SECTION MAY NOT BE CONSTRUED TO AUTHORIZE THE 2 CONCEALMENT OF THE IDENTITY OF THE PLAINTIFF OR OF A WITNESS FROM 3 THE DEFENDANT OR FROM AN ATTORNEY FOR THE DEFENDANT.

4 **20–224.**

5 (A) THIS PART MAY NOT BE CONSTRUED TO REPEAL § 20–209 OF THIS 6 SUBTITLE OR ANY OTHER APPLICABLE PROVISION OF STATE LAW REGULATING 7 OR RESTRICTING ABORTION.

8 (B) (1) AN ABORTION THAT COMPLIES WITH THE PROVISIONS OF §§ 9 20–219 AND 20–220 OF THIS PART BUT VIOLATES THE PROVISIONS OF § 10 20–209(B)(1) OF THIS SUBTITLE OR ANY OTHER APPLICABLE PROVISION OF 11 LAW SHALL BE DEEMED UNLAWFUL AS PROVIDED IN THE APPLICABLE 12 PROVISION OF LAW.

(2) AN ABORTION THAT COMPLIES WITH THE PROVISIONS OF §
 20-209(B)(1) OF THIS SUBTITLE OR ANY OTHER APPLICABLE PROVISION OF
 LAW REGULATING OR RESTRICTING ABORTION BUT VIOLATES THE PROVISIONS
 OF THIS PART SHALL BE DEEMED UNLAWFUL.

17IF SOME OR ALL OF THE PROVISIONS OF THIS PART ARE (3) 18 TEMPORARILY OR PERMANENTLY RESTRAINED OR ENJOINED BY JUDICIAL 19 ORDER. ALL OTHER PROVISIONS OF LAW REGULATING OR RESTRICTING 20ABORTION SHALL BE ENFORCED AS THOUGH THE RESTRAINED OR ENJOINED 21PROVISIONS HAD NOT BEEN ADOPTED, EXCEPT THAT WHENEVER THE 22TEMPORARY OR PERMANENT RESTRAINING ORDER OR INJUNCTION IS STAYED 23OR DISSOLVED, OR OTHERWISE CEASES TO HAVE EFFECT, THE AFFECTED 24PROVISIONS SHALL HAVE FULL FORCE AND EFFECT.

25 **20–225.**

26 THIS PART MAY BE CITED AS THE "MARYLAND PAIN-CAPABLE UNBORN 27 CHILD PROTECTION ACT".

28 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
 29 October 1, 2014.