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Introduced and read first time: February 13, 2004 Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2

Abortion - The Women's Health Protection Act

3 FOR the purpose of altering the definition of a "freestanding ambulatory care facility" to include certain facilities that provide abortion services for the purpose of 4 5 certain licensing and regulation requirements; authorizing a certain physician to perform an abortion under certain circumstances; providing that a certain 6 physician bears a certain burden of proof under certain circumstances; requiring 7 8 certain qualified individuals to screen pregnant women by evaluating the 9 presence of certain risk factors under certain circumstances; requiring certain qualified individuals to inform certain women and certain abortion providers of 10 11 the results of certain evaluations; requiring certain qualified individuals to 12 provide certain women with certain information under certain circumstances; 13 requiring certain qualified individuals to provide certain statements certifying 14 certain information to certain women and certain abortion providers; requiring 15 certain abortion providers to carry a certain amount of certain types of 16 insurance; providing for certain remedies for the violation of certain provisions 17 of this Act; requiring certain actions to be brought within a certain period of 18 time; exempting a certain provision from a certain statute of limitations; 19 requiring certain abortion providers to bear a certain burden of proof under certain circumstances; creating certain presumptions under certain 20 circumstances; creating an affirmative defense for a certain violation of a 21 22 certain section under certain circumstances; creating a cause of action for the 23 attempt or completion of a self-induced abortion under certain circumstances; 24 creating a cause of action for the attempt or completion of an abortion by an 25 individual who is not a licensed physician; requiring the Department of Health 26 and Mental Hygiene to maintain an Abortion Information Depository that 27 contains certain information; requiring the Department to maintain a certain 28 index; requiring certain documents contained within the Abortion Information 29 Depository to be available for public inspection during certain hours; requiring 30 certain documents to be made available to the public at a certain cost; defining 31 certain terms; making the provisions of this Act severable; and generally

1 relating to The Women's Health Protection Act.

2 BY repealing

- 3 Article Health General
- 4 The part designation "Part II. Abortion Procedures" immediately preceding
- Section 20-207, "Part III. Information" following Section 20-209, "Part IV.
 Effect of Refusal to Participate or Refer" immediately preceding Section
 20-214; and Section 20-207
- 8 Annotated Code of Maryland
- 9 (2000 Replacement Volume and 2003 Supplement)
- 10 BY renumbering
- 11 Article Health General
- 12 Section 20-208, 20-209, and 20-214, respectively
- 13 to be 20-202, 20-204, and 20-208, respectively
- 14 Annotated Code of Maryland
- 15 (2000 Replacement Volume and 2003 Supplement)
- 16 BY repealing and reenacting, with amendments,
- 17 Article Courts and Judicial Proceedings
- 18 Section 3-904(g)(1)
- 19 Annotated Code of Maryland
- 20 (2002 Replacement Volume and 2003 Supplement)
- 21 BY repealing and reenacting, without amendments,
- 22 Article Courts and Judicial Proceedings
- 23 Section 5-109(a)
- 24 Annotated Code of Maryland
- 25 (2002 Replacement Volume and 2003 Supplement)
- 26 BY repealing and reenacting, without amendments,
- 27 Article Health General
- 28 Section 19-3B-01(a) and 19-3B-02
- 29 Annotated Code of Maryland
- 30 (2000 Replacement Volume and 2003 Supplement)
- 31 BY repealing and reenacting, with amendments,
- 32 Article Health General
- 33 Section 19-3B-01(b) and 20-103
- 34 Annotated Code of Maryland
- 35 (2000 Replacement Volume and 2003 Supplement)
- 36 BY adding to
- 37 Article Health General

- 1 Section 20-201, 20-203, 20-205 through 20-207, and 20-209, inclusive, to be
 - under the amended subtitle "Subtitle 2. The Women's Health Protection Act"
- 2 3
- Annotated Code of Maryland 4
- 5 (2000 Replacement Volume and 2003 Supplement)

6 BY repealing and reenacting, without amendments,

- Article Health General 7
- Section 20-202, 20-204, and 20-208 8
- Annotated Code of Marvland 9
- (2000 Replacement Volume and 2003 Supplement) 10
- (As enacted by Section 2 of this Act) 11

12 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

13 MARYLAND, That the part designation "Part II. Abortion Procedures" immediately

14 preceding Section 20-207 of Article - Health - General of the Annotated Code of

15 Maryland, "Part III. Information" following Section 20-209 of Article - Health -

16 General of the Annotated Code of Maryland, "Part IV. Effect of Refusal to Participate

17 or Refer" immediately preceding Section 20-214 of Article - Health - General of the

18 Annotated Code of Maryland; and Section 20-207 of Article - Health - General of the

19 Annotated Code of Maryland be repealed.

20 SECTION 2. AND BE IT FURTHER ENACTED, That Section(s) 20-208,

21 20-209, and 20-214, respectively, of Article - Health - General of the Annotated Code

22 of Maryland be renumbered to be Section(s) 20-202, 20-204, and 20-208,

24 SECTION 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland 25 read as follows:

26

Article - Courts and Judicial Proceedings

27 3-904.

Except as provided in § 20-206(B) OF THE HEALTH - GENERAL 28 (g) (1)29 ARTICLE AND IN paragraph (2) of this subsection, an action under this subtitle shall 30 be filed within three years after the death of the injured person.

31 5-109.

32 (a) An action for damages for an injury arising out of the rendering of or 33 failure to render professional services by a health care provider, as defined in § 34 3-2A-01 of this article, shall be filed within the earlier of:

35 (1)Five years of the time the injury was committed; or

Three years of the date the injury was discovered. 36 (2)

²³ respectively.

4	HOUSE BILL 1156							
1		Article - Health - General						
2	19-3B-01.							
3	(a)	In this s	ubtitle the following words have the meanings indicated.					
4	(b)	"Freestanding ambulatory care facility" means:						
5		(1)	An ambulatory surgical facility;					
6		(2)	A freestanding endoscopy facility;					
7		(3)	A freestanding facility utilizing major medical equipment;					
8		(4)	A kidney dialysis center; [or]					
9		(5)	A freestanding birthing center; OR					
10 11	SERVICES	(6)	A FACILITY, NOT INCLUDING A HOSPITAL, THAT PROVIDES ABORTION					
12	19-3B-02.							
13 14	(a) A freestanding ambulatory care facility may not operate in the State unless the Secretary has granted the facility a license.							
15 16	(b) requirement	(b) The Secretary shall issue a license to an applicant that meets the equirements of this subtitle and all applicable regulations adopted by the Secretary.						
17	(c)	A license issued under this subtitle is not transferable.						
18	20-103.							
	 (a) Except as provided in subsections (b) and (c) of this section, a physician (b) may not perform an abortion on an unmarried minor unless the physician first gives (c) notice to a parent or guardian of the minor. 							
22 23	(b) guardian if:	The phy	sician may perform the abortion without notice to a parent or					
24		(1)	The minor does not live with a parent or guardian; and					
25 26	unsuccessfu	(2) l.	A reasonable effort to give notice to a parent or guardian is					
27 28	(c) or guardian	(1) of a mine	The physician may perform the abortion, without notice to a parent or if, in the professional judgment of the physician:					
 29 (i) Notice to the parent or guardian may lead to physical or 30 emotional abuse of the minor; OR 								

1 [(ii)] The minor is mature and capable of giving informed consent to 2 an abortion; or 3 (iii)] (II) Notification would not be in the best interest of the minor. THE PHYSICIAN MAY PERFORM THE ABORTION WITHOUT NOTICE TO 4 (2)5 A PARENT OR GUARDIAN OF A MINOR IF, IN THE PROFESSIONAL JUDGMENT OF THE **6 PHYSICIAN:** THE MINOR IS MATURE AND CAPABLE OF INDEPENDENTLY 7 **(I)** 8 EVALUATING THE INFORMATION GIVEN TO HER UNDER § 20-203 OF THIS TITLE; THE MINOR IS MATURE AND CAPABLE OF GIVING INFORMED 9 (II)10 CONSENT TO A VOLUNTARY ABORTION; AND 11 (III) SECTION 20-203 OF THIS TITLE HAS NOT BEEN VIOLATED. 12 [(2)] (3) (I) The physician is not liable for civil damages or subject to a 13 criminal penalty for a decision under this subsection not to give notice. THE PHYSICIAN BEARS THE BURDEN OF PROVING THAT 14 (II)15 PARAGRAPH (2) OF THIS SUBSECTION WAS NOT VIOLATED. The postal receipt that shows an article of mail was sent by certified mail, 16 (d) 17 return receipt requested, bearing a postmark from the United States Postal Service, 18 to the last known address of a parent or guardian and that is attached to a copy of the 19 notice letter that was sent in that article of mail shall be conclusive evidence of notice 20 or a reasonable effort to give notice, as the case may be. 21 A physician may not provide notice to a parent or guardian if the minor (e) 22 decides not to have the abortion. 23 Subtitle 2. [Abortions; Artificial Insemination; Sterilizations] THE WOMEN'S 24 HEALTH PROTECTION ACT. 25 20-201. IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS (A) 26 27 INDICATED. 28 "ABORTION" MEANS THE USE OR PRESCRIPTION OF AN INSTRUMENT, (B) 29 MEDICINE, DRUG, OR OTHER SUBSTANCE OR DEVICE TO TERMINATE THE 30 PREGNANCY OF A WOMAN FOR AN INTENT OTHER THAN: TO INCREASE THE PROBABILITY OF A LIVE BIRTH; 31 (1)32 TO PRESERVE THE LIFE OR HEALTH OF A CHILD AFTER LIVE BIRTH; (2)33 OR 34 (3)TO REMOVE A DEAD FETUS.

1 (C) (1) "ABORTION PROVIDER" MEANS A PHYSICIAN OR ENTITY THAT 2 PERFORMS OR PROVIDES ABORTIONS.

3 (2) "ABORTION PROVIDER" INCLUDES AN ENTITY THAT REFERS
4 INDIVIDUALS FOR ABORTIONS AS A NORMAL COURSE OF BUSINESS AT LEAST 10
5 TIMES PER YEAR.

6 (D) "MEDICAL EMERGENCY" MEANS A CONDITION THAT, ON THE BASIS OF
7 THE ABORTION PROVIDER'S REASONABLE CLINICAL JUDGMENT, SO COMPLICATES
8 THE MEDICAL CONDITION OF THE PREGNANT WOMAN AS TO NECESSITATE AN
9 IMMEDIATE ABORTION TO AVERT THE DEATH OF THE WOMAN OR FOR WHICH A
10 24-HOUR DELAY WILL CREATE GRAVE PERIL OF IMMEDIATE AND IRREVERSIBLE
11 LOSS OF A MAJOR BODILY FUNCTION.

12 (E) "PHYSICIAN" MEANS AN INDIVIDUAL, INCLUDING A DOCTOR OF
13 OSTEOPATHY, LICENSED TO PRACTICE MEDICINE IN THE STATE UNDER TITLE 14 OF
14 THE HEALTH OCCUPATIONS ARTICLE.

15 (F) "QUALIFIED INDIVIDUAL" MEANS A PHYSICIAN OR AN AGENT OF AN
16 ABORTION PROVIDER WHO IS A LICENSED PSYCHOLOGIST, LICENSED SOCIAL
17 WORKER, LICENSED PROFESSIONAL COUNSELOR, OR LICENSED REGISTERED NURSE.

18 (G) "RISK FACTOR" MEANS A PHYSICAL, PSYCHOLOGICAL, BEHAVIORAL, OR
19 SITUATIONAL FACTOR FOR WHICH THERE IS A 5% PROBABILITY OF A HIGHER
20 INCIDENCE OF ADVERSE EMOTIONAL, BEHAVIORAL, OR PHYSICAL REACTION AS
21 COMPARED TO INDIVIDUALS WHO DO NOT POSSESS THAT RISK FACTOR.

(H) "SELF-INDUCED ABORTION" MEANS AN ABORTION OR MENSTRUAL
 23 EXTRACTION ATTEMPTED OR COMPLETED BY A WOMAN ON HER OWN BODY.

24 20-202.

25 An abortion must be performed by a licensed physician.

26 20-203.

27 (A) BEFORE AN ABORTION PROVIDER MAY RECOMMEND OR PERFORM AN
28 ABORTION, A QUALIFIED INDIVIDUAL SHALL SCREEN THE PREGNANT WOMAN BY
29 EVALUATING THE PRESENCE OF KNOWN OR SUSPECTED RISK FACTORS INCLUDING:

- 30 (1) GONORRHEA OR CHLAMYDIA INFECTION;
- 31 (2) A FAMILY HISTORY OF BREAST CANCER;
- 32 (3) A PRIOR HISTORY OF GESTATIONAL TROPHOBLASTIC TUMOR;
- 33 (4) A HISTORY OF CAESAREAN SECTION;
- 34 (5) A HISTORY OF PRIOR ABORTION;
- 35 (6) ADOLESCENCE;

7		HOUSE BILL 1156				
1	(7)	FEELINGS OF BEING PRESSURED TO HAVE AN ABORTION;				
2	(8)	FEELINGS OF EMOTIONAL ATTACHMENT TO THE UNBORN CHILD;				
3 4 INSTA	(9) BILITY;	A HISTORY OF PRIOR PSYCHOLOGICAL ILLNESS OR EMOTIONAL				
5	(10)	A LACK OF SUPPORT FROM A PARTNER OR FROM PARENTS;				
6	(11)	MORAL OR RELIGIOUS CONVICTIONS AGAINST ABORTION;				
7	(12)	A SECOND OR THIRD TRIMESTER PREGNANCY; AND				
8	(13)	LOW EXPECTATIONS OF COPING WELL.				
10 ABOR 11 COND	(B) THE QUALIFIED INDIVIDUAL SHALL INFORM THE WOMAN AND THE ABORTION PROVIDER, IN WRITING, OF THE RESULTS OF THE EVALUATION CONDUCTED UNDER SUBSECTION (A) OF THIS SECTION INCLUDING ANY IDENTIFIED RISK FACTORS AND THE ASSOCIATED ADVERSE REACTIONS.					
13 (C)	IF RIS	K FACTORS ARE IDENTIFIED, THE QUALIFIED INDIVIDUAL SHALL:				
14 15 EXPLA	(1) AINS:	PROVIDE THE WOMAN WITH DETAILED INFORMATION THAT				
16 (I) THAT THESE RISK FACTORS MAY LEAD TO THE OCCURRENCE 17 OF ADVERSE REACTIONS; AND						
		(II) THE QUANTIFIABLE RISK RATES, IF DATA EXIST, IN THE LEVEL THAT A REASONABLE INDIVIDUAL WOULD CONSIDER MATERIAL TO F WHETHER TO UNDERGO AN ABORTION; AND				
23 INDIV 24 AND A	IDUAL'S KN APPRECIATI	PROVIDE A WRITTEN STATEMENT TO THE WOMAN AND THE IDER THAT CERTIFIES, TO THE BEST OF THE QUALIFIED IOWLEDGE, THAT THE PREGNANT WOMAN FULLY UNDERSTANDS ES THE SIGNIFICANCE OF THE RISK FACTORS DISCUSSED AND HER OSURE TO THE RELATED ADVERSE REACTIONS.				
26 20-204						
 (a) In this section, "viable" means that stage when, in the best medical judgment of the attending physician based on the particular facts of the case before the physician, there is a reasonable likelihood of the fetus's sustained survival outside the womb. 						
31 (b) 32 with th	1	as otherwise provided in this subtitle, the State may not interfere a woman to terminate a pregnancy:				
33	(1)	Before the fetus is viable; or				
34	(2)	At any time during the woman's pregnancy, if:				

1 (i) The termination procedure is necessary to protect the life or 2 health of the woman; or

3 (ii) The fetus is affected by genetic defect or serious deformity or 4 abnormality.

5 (c) The Department may adopt regulations that:

6 (1) Are both necessary and the least intrusive method to protect the life 7 or health of the woman; and

8 (2) Are not inconsistent with established medical practice.

9 (d) The physician is not liable for civil damages or subject to a criminal 10 penalty for a decision to perform an abortion under this section made in good faith 11 and in the physician's best medical judgment in accordance with accepted standards 12 of medical practice.

13 20-205.

AN ABORTION PROVIDER THAT PROVIDES MORE THAN 10 ABORTIONS PER YEAR
SHALL FILE WITH THE DEPARTMENT PROOF OF INSURANCE COVERAGE OF AT LEAST
\$2,000,000 FOR MALPRACTICE, NEGLIGENCE, AND BATTERY RELATED TO THE
PROVISION OF AN ABORTION.

18 20-206.

19 (A) FOR A VIOLATION OF § 20-202 OR § 20-203 OF THIS SUBTITLE, A WOMAN 20 MAY RECOVER:

21 (1) ACTUAL DAMAGES; OR

(2) \$10,000 FOR EACH VIOLATION, PUNITIVE DAMAGES, AND
 23 REASONABLE ATTORNEY'S FEES AND COSTS.

(B) (1) AN INDIVIDUAL MAY RECOVER UNDER TITLE 3, SUBTITLE 9 OF THE
COURTS ARTICLE UPON PROVING BY A PREPONDERANCE OF THE EVIDENCE THAT
THE ABORTION PROVIDER KNEW OR SHOULD HAVE KNOWN THAT THE WOMAN'S
CONSENT TO THE ABORTION EITHER WAS NOT VOLUNTARY OR WAS IN VIOLATION
OF § 20-203 OF THIS SUBTITLE.

29 (2) NOTWITHSTANDING § 3-904(G) OF THE COURTS ARTICLE, AN ACTION
30 UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE FILED WITHIN 4 YEARS
31 AFTER THE DEATH OF THE INJURED WOMAN.

32 (C) THIS SECTION MAY NOT BE CONSTRUED TO AFFECT ANY OTHER CAUSE OF
33 ACTION A WOMAN MAY HAVE ARISING OUT OF THE PERFORMANCE OF THE
34 ABORTION.

(D) IF AN ABORTION PROVIDER ALLOWED LESS THAN 24 HOURS FOR THE
 WOMAN TO REFLECT, COMPREHEND, AND CONSIDER ALL OF THE INFORMATION

PRESENTED UNDER § 20-203 OF THIS SUBTITLE, THE BURDEN OF PROOF THAT THE
 WOMAN HAD SUFFICIENT TIME, GIVEN HER AGE, LEVEL OF MATURITY, EMOTIONAL
 STATE, AND MENTAL CAPACITY IS ON THE ABORTION PROVIDER.

4 (E) IN A CIVIL ACTION UNDER THIS SECTION:

5 (1) IN DETERMINING LIABILITY, A VIOLATION OF § 20-203 SHALL CREATE
6 THE PRESUMPTION THAT THE WOMAN WOULD NOT HAVE UNDERTAKEN THE
7 ABORTION IF § 20-203 HAD NOT BEEN VIOLATED;

8 (2) THE ABSENCE OF PHYSICAL INJURY MAY NOT PRECLUDE AN AWARD 9 OF DAMAGES FOR EMOTIONAL HARM;

(3) (I) THE FACT THAT AN ABORTION PROVIDER DOES NOT PERFORM
 ELECTIVE ABORTIONS, OR HAS NOT IN THE PAST, MAY NOT AUTOMATICALLY
 DISQUALIFY THAT ABORTION PROVIDER FROM BEING AN EXPERT WITNESS; AND

(II) A LICENSED OBSTETRICIAN OR FAMILY PRACTITIONER WHO
REGULARLY HELPS WOMEN IN RESOLVING PREGNANCY-RELATED MEDICAL
MATTERS SHALL PRESUMPTIVELY BE QUALIFIED TO TESTIFY AS AN EXPERT ON THE
SCREENING, COUNSELING, MANAGEMENT, AND TREATMENT OF UNWANTED OR
PROBLEM PREGNANCIES; AND

(4) AN ABORTION PROVIDER THAT MAKES REFERRALS TO AN ABORTION
 PROVIDER WHOSE PRACTICE IS LOCATED OUTSIDE OF THIS STATE SHALL BE LIABLE
 FOR ENSURING THAT THE PERSON TO WHOM THE ABORTION PROVIDER REFERS THE
 WOMAN PROVIDES A STANDARD OF CARE EQUAL TO OR BETTER THAN THE
 STANDARD IN THIS STATE.

23 (F) AN AFFIRMATIVE DEFENSE EXISTS IF THE ABORTION PROVIDER
24 VIOLATED § 20-203 BECAUSE:

(1) STATISTICALLY VALIDATED SURVEYS OF THE GENERAL
POPULATION OF WOMEN OF REPRODUCTIVE AGE, CONDUCTED WITHIN 3 YEARS
BEFORE OR AFTER THE ABORTION, DEMONSTRATE THAT FEWER THAN 5% OF
WOMEN WOULD CONSIDER THE INFORMATION THAT THE WOMAN ALLEGES THE
ABORTION PROVIDER FAILED TO PROVIDE TO BE RELEVANT TO AN ABORTION
DECISION; OR

(2) IN THE REASONABLE MEDICAL JUDGMENT OF A LICENSED
 PSYCHIATRIST WHO EXAMINED THE WOMAN BEFORE THE ABORTION, DISCLOSURE
 OF THE INFORMATION THAT THE WOMAN ALLEGES THE ABORTION PROVIDER
 FAILED TO PROVIDE WOULD MOST LIKELY HAVE BEEN THE IMMEDIATE AND DIRECT
 CAUSE OF A SEVERE ADVERSE EFFECT ON THE PHYSICAL HEALTH OF THE WOMAN.

36 (G) (1) THERE IS A PRESUMPTION THAT THE ABORTION PROVIDER HAS
37 KNOWLEDGE OF ANY INFORMATION REGARDING POTENTIAL RISKS, PREDISPOSING
38 RISK FACTORS, AND CRISIS PREGNANCY MANAGEMENT ALTERNATIVES CONTAINED
39 WITHIN THE ABORTION INFORMATION DEPOSITORY UNDER § 20-207 OF THIS
40 SUBTITLE WITHIN 3 MONTHS BEFORE THE DATE OF THE ABORTION.

(2) NOTWITHSTANDING PARAGRAPH (1) OF THIS SUBSECTION, A WOMAN
 MAY RECOVER DAMAGES UPON PROVING BY A PREPONDERANCE OF THE EVIDENCE
 THAT THE ABORTION PROVIDER HAD OR SHOULD HAVE HAD KNOWLEDGE OF
 INFORMATION THAT WAS NOT IN THE ABORTION INFORMATION DEPOSITORY UNDER
 § 20-207 OF THIS SUBTITLE WITHIN 3 MONTHS PRIOR TO THE ABORTION.

6 (3) THE DETERMINATION OF WHETHER INFORMATION CONTAINED
7 WITHIN THE ABORTION INFORMATION DEPOSITORY UNDER § 20-207 OF THIS
8 SUBTITLE IS CREDIBLE AND SHOULD BE USED BY AN ABORTION PROVIDER OR A
9 QUALIFIED INDIVIDUAL IS A QUESTION OF FACT FOR THE JURY.

10 (H) (1) IN ADDITION TO OTHER AVAILABLE REMEDIES, EXCEPT FOR ADVICE
11 LEGALLY PROVIDED BY AN ABORTION PROVIDER, A WOMAN WHO ATTEMPTED OR
12 COMPLETED A SELF-INDUCED ABORTION OR HER SURVIVORS HAS A CAUSE OF
13 ACTION FOR BATTERY OR RECKLESS ENDANGERMENT AGAINST AN INDIVIDUAL
14 WHO PROVIDED, DISTRIBUTED, OR SOLD MEDICAL ADVICE TO HER WITH THE INTENT
15 TO ASSIST OR ENCOURAGE A SELF-INDUCED ABORTION.

(2) UPON ESTABLISHING BY A PREPONDERANCE OF THE EVIDENCE
THAT AN INDIVIDUAL WHO IS NOT A LICENSED PHYSICIAN PROVIDED, DISTRIBUTED,
OR SOLD MEDICAL ADVICE WITH THE INTENT TO ASSIST OTHERS TO PERFORM
ILLEGAL OR SELF-INDUCED ABORTIONS, THE WOMAN OR HER SURVIVORS IS
ENTITLED TO LIQUIDATED DAMAGES OF AT LEAST \$400,000 FOR BATTERY OR
RECKLESS ENDANGERMENT.

22 (3) PROOF OF INJURY MAY NOT BE REQUIRED TO RECOVER DAMAGES
23 FOR BATTERY OR RECKLESS ENDANGERMENT UNDER THIS SUBSECTION.

24 (I) (1) UPON ESTABLISHING BY A PREPONDERANCE OF THE EVIDENCE
25 THAT AN INDIVIDUAL WHO HAS ATTEMPTED OR COMPLETED AN ABORTION ON A
26 WOMAN WAS NOT A LICENSED PHYSICIAN, THE WOMAN IS ENTITLED TO AT LEAST
27 \$800,000 FOR BATTERY OR RECKLESS ENDANGERMENT.

28 (2) PROOF OF INJURY MAY NOT BE REQUIRED TO RECOVER DAMAGES
29 FOR BATTERY OR RECKLESS ENDANGERMENT UNDER THIS SUBSECTION.

30 20-207.

31 (A) THE DEPARTMENT SHALL MAINTAIN AN ABORTION INFORMATION 32 DEPOSITORY THAT CONTAINS:

33 (1) PROOF OF INSURANCE CERTIFICATES FILED UNDER § 20-205 OF THIS
 34 SUBTITLE;

35 (2) AT LEAST ONE COPY OF EACH EDITION OF ANY DOCUMENT
36 SUBMITTED BY AN INDIVIDUAL, ORGANIZATION, OR OTHER ENTITY REGARDING:

37

(I) KNOWN OR CLAIMED ADVERSE EFFECTS OF ABORTION;

11		HOUSE BILL 1156				
1 2 OCCURRENCES;	(II)	PREDISPOSING RISK FACTORS TO POST-ABORTION				
3 4 PREGNANCIES;	(III)	ALTERNATIVE MANAGEMENT TECHNIQUES FOR CRISIS				
		REPORTS OF MONETARY AWARDS AND SETTLEMENTS IN CIVIL ATION PROVIDERS, WHICH SHALL BE USED AS A BASIS FOR ADEQUATE PROOF OF INSURANCE; AND				
8 9 REASONABLE WO 10 PROVIDERS.	(V) DMAN O	OTHER INFORMATION THAT WOULD BE RELEVANT TO A R TO THE STANDARD OF CARE OFFERED BY ABORTION				
		MENT SHALL MAINTAIN AN INDEX OF THE DOCUMENTS INFORMATION DEPOSITORY INCLUDING THE DATE OF				
		OOCUMENTS DESCRIBED IN THIS SECTION SHALL BE INSPECTION DURING NORMAL BUSINESS HOURS.				
		DOCUMENT FILED WITHIN THE ABORTION INFORMATION MADE AVAILABLE TO THE PUBLIC AT ACTUAL COST.				
18 20-208.						
19(a)(1)20any source for, any21sterilization, or term	medical j	on may not be required to perform or participate in, or refer to procedure that results in artificial insemination, of pregnancy.				
22 (2) 23 source for, these me	22 (2) The refusal of a person to perform or participate in, or refer to a 23 source for, these medical procedures may not be a basis for:					
24	(i)	Civil liability to another person; or				
25	(ii)	Disciplinary or other recriminatory action against the person.				
26 (b) (1) 27 may not be required		used hospital, hospital director, or hospital governing board				
 (i) To permit, within the hospital, the performance of any medical procedure that results in artificial insemination, sterilization, or termination of pregnancy; or 						
31	(ii)	To refer to any source for these medical procedures.				
32 (2) 33 not be grounds for:	The ret	fusal to permit or to refer to a source for these procedures may				
34	(i)	Civil liability to another person; or				

1 (ii) Disciplinary or other recriminatory action against the person by 2 this State or any person.

3 (c) (1) The refusal of an individual to submit to or give consent for an 4 abortion or sterilization may not be grounds for loss of any privileges or immunities to 5 which the individual otherwise would be entitled.

6 (2) Submitting to or granting consent for an abortion or sterilization may 7 not be a condition precedent to the receipt of any public benefits.

8 (d) Notwithstanding any other provision of this section, a health care provider, 9 a licensed hospital, a hospital director, or a hospital governing board is not immune 10 from civil damages, if available at law, or from disciplinary or other recriminatory 11 action, if the failure to refer a patient to a source for any medical procedure that 12 results in sterilization or termination of pregnancy would reasonably be determined 13 as:

14 (1) The cause of death or serious physical injury or serious long-lasting 15 injury to the patient; and

16 (2) Otherwise contrary to the standards of medical care.

17 20-209.

18 THIS SUBTITLE MAY BE CITED AS "THE WOMEN'S HEALTH PROTECTION ACT".

19 SECTION 4. AND BE IT FURTHER ENACTED, That if any provision of this

20 Act or the application thereof to any person or circumstance is held invalid for any

21 reason in a court of competent jurisdiction, the invalidity does not affect other

22 provisions or any other application of this Act which can be given effect without the

23 invalid provision or application, and for this purpose the provisions of this Act are

24 declared severable.

25 SECTION 5. AND BE IT FURTHER ENACTED, That this Act shall take effect 26 October 1, 2004.