J1 HB 547/17 – HGO

By: Delegates Ciliberti, Afzali, Aumann, Beitzel, Corderman, Grammer, Hornberger, Impallaria, Jacobs, Krebs, McComas, McConkey, McDonough, McKay, Metzgar, Miele, Otto, Parrott, Rose, Shoemaker, Szeliga, and Wivell Introduced and read first time: February 9, 2018 Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

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Pain-Capable Unborn Child Protection Act

3 FOR the purpose of prohibiting, except under certain circumstances, the performance or 4 inducement or attempted performance or inducement of an abortion of a pregnant $\mathbf{5}$ woman unless a certain determination as to the probable age of the unborn child is 6 made by a certain physician; providing that the failure of a physician to perform 7 certain actions is deemed "unprofessional conduct"; prohibiting the performance or 8 inducement or attempted performance or inducement of an abortion of a pregnant 9 woman if the probable age of an unborn child is a certain number of weeks, except 10 under certain circumstances; requiring an abortion to be performed in a certain 11 manner under certain circumstances; requiring certain physicians to submit a 12certain report to the Maryland Department of Health that includes certain 13information; requiring the Department to issue a certain public report by a certain 14date each year that includes certain information; requiring the Department to adopt 15certain regulations on or before a certain date; establishing certain civil and criminal 16penalties; authorizing certain persons to bring a civil action under certain 17circumstances; authorizing certain persons to apply to a certain court for permanent 18or temporary injunctive relief against a certain person under certain circumstances; 19providing for the award of certain attorney's fees under certain circumstances; 20prohibiting the award of damages to a plaintiff under certain circumstances; 21 requiring a court to make a certain determination in a certain proceeding; requiring 22a court to issue certain orders under certain circumstances; requiring certain persons 23to use a pseudonym to bring a certain action in court under certain circumstances; 24providing for the construction of various provisions of this Act; stating certain 25findings of the General Assembly; defining certain terms; and generally relating to 26the Pain–Capable Unborn Child Protection Act.

27 BY adding to

28 Article – Health – General

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

8lr2964

	2	HOUSE BILL 1424
$1 \\ 2 \\ 3 \\ 4$	Unbo Annotated	-217 through 20–225 to be under the new part "Part V. Pain–Capable orn Child Protection Act" Code of Maryland acement Volume and 2017 Supplement)
$5\\6$		1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, Maryland read as follows:
7	Article – Health – General	
8	20–215. Reserv	ΈD.
9	20–216. RESERVED.	
10	PART	V. PAIN-CAPABLE UNBORN CHILD PROTECTION ACT.
11	20–217.	
12	THE GENE	CRAL ASSEMBLY FINDS THAT:
$13 \\ 14 \\ 15$		PAIN RECEPTORS (NOCICEPTORS) ARE PRESENT THROUGHOUT LD'S ENTIRE BODY, AND NERVES LINK THESE RECEPTORS TO THE IUS AND SUBCORTICAL PLATE BY NOT LATER THAN 20 WEEKS;
16 17 18		BY 8 WEEKS AFTER FERTILIZATION, AN UNBORN CHILD REACTS AFTER 20 WEEKS, AN UNBORN CHILD REACTS TO STIMULI THAT GNIZED AS PAINFUL IF APPLIED TO AN ADULT HUMAN;
19 20 21	(3) ASSOCIATED WIT STRESS RESPONS	IN AN UNBORN CHILD, APPLICATION OF PAINFUL STIMULI IS TH SIGNIFICANT INCREASES IN STRESS HORMONES KNOWN AS THE SE;
$22 \\ 23 \\ 24 \\ 25$		SUBJECTION TO PAINFUL STIMULI IS ASSOCIATED WITH RMFUL NEURODEVELOPMENTAL EFFECTS, INCLUDING ALTERED TY AND, POSSIBLY, EMOTIONAL, BEHAVIORAL, AND LEARNING TER IN LIFE;
26 27 28 29	IN STRESS HORM	For the purposes of surgery on unborn children, fetal routinely administered and is associated with a decrease mones compared to their level when painful stimuli are ut fetal anesthesia;
30	(6)	THE POSITION ASSERTED BY SOME MEDICAL EXPERTS THAT AN

30(6)THE POSITION, ASSERTED BY SOME MEDICAL EXPERTS, THAT AN31UNBORN CHILD IS INCAPABLE OF EXPERIENCING PAIN UNTIL A POINT LATER IN

1 PREGNANCY THAN 20 WEEKS AFTER FERTILIZATION PREDOMINANTLY RESTS ON 2 THE ASSUMPTION THAT THE ABILITY TO EXPERIENCE PAIN DEPENDS ON THE 3 CEREBRAL CORTEX AND REQUIRES NERVE CONNECTIONS BETWEEN THE THALAMUS 4 AND THE CORTEX, BUT RECENT MEDICAL RESEARCH AND ANALYSIS, ESPECIALLY 5 SINCE 2007, PROVIDE STRONG EVIDENCE FOR THE CONCLUSION THAT A 6 FUNCTIONING CORTEX IS NOT NECESSARY TO EXPERIENCE PAIN;

7 (7) SUBSTANTIAL EVIDENCE INDICATES THAT CHILDREN BORN
8 MISSING THE BULK OF THE CEREBRAL CORTEX, THOSE WITH HYDRANENCEPHALY,
9 NEVERTHELESS EXPERIENCE PAIN;

10 (8) IN ADULTS, STIMULATION OR ABLATION OF THE CEREBRAL 11 CORTEX DOES NOT ALTER PAIN PERCEPTION, WHILE STIMULATION OR ABLATION OF 12 THE THALAMUS DOES;

13 (9) SUBSTANTIAL EVIDENCE INDICATES THAT STRUCTURES USED 14 FOR PAIN PROCESSING IN EARLY DEVELOPMENT DIFFER FROM THOSE OF ADULTS, 15 USING DIFFERENT NEURAL ELEMENTS AVAILABLE AT SPECIFIC TIMES DURING 16 DEVELOPMENT, INCLUDING THE SUBCORTICAL PLATE, TO FULFILL THE ROLE OF 17 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

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

1 **20–218.**

2 (A) IN THIS PART THE FOLLOWING WORDS HAVE THE MEANINGS 3 INDICATED.

4 (B) (1) "ABORTION" MEANS THE INTENTIONAL USE OF ANY INSTRUMENT, 5 MEDICINE, DRUG, OR ANY OTHER SUBSTANCE OR DEVICE TO TERMINATE THE 6 PREGNANCY OF A WOMAN KNOWN TO BE PREGNANT.

7 (2) "ABORTION" DOES NOT INCLUDE THE INTENTIONAL 8 TERMINATION OF A PREGNANCY FOR THE PURPOSE OF:

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(I) INCREASING THE PROBABILITY OF A LIVE BIRTH;

10(II)PRESERVATION OF THE LIFE OR HEALTH OF THE CHILD11AFTER 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.

16 (C) "ATTEMPT TO PERFORM OR INDUCE AN ABORTION" MEANS AN ACT, OR 17 AN OMISSION OF A STATUTORILY REQUIRED ACT, THAT, UNDER THE 18 CIRCUMSTANCES AS THE ACTOR BELIEVES THEM TO BE, CONSTITUTES A 19 SUBSTANTIAL STEP IN A COURSE OF CONDUCT PLANNED TO CULMINATE IN THE 20 PERFORMANCE OR INDUCTION OF AN ABORTION.

21 (D) "FERTILIZATION" MEANS THE FUSION OF A HUMAN SPERMATOZOON 22 WITH A HUMAN OVUM.

23(1) "MEDICAL EMERGENCY" MEANS A CONDITION THAT, IN **(E) REASONABLE MEDICAL JUDGMENT, SO COMPLICATES THE MEDICAL CONDITION OF** 2425THE PREGNANT WOMAN THAT IT NECESSITATES THE IMMEDIATE ABORTION OF HER 26PREGNANCY WITHOUT FIRST DETERMINING POSTFERTILIZATION AGE TO AVERT THE WOMAN'S DEATH OR FOR WHICH THE DELAY NECESSARY TO DETERMINE 27POSTFERTILIZATION AGE WILL CREATE SERIOUS RISK OF SUBSTANTIAL AND 2829IRREVERSIBLE PHYSICAL IMPAIRMENT OF A MAJOR BODILY FUNCTION, NOT 30 INCLUDING PSYCHOLOGICAL OR EMOTIONAL CONDITIONS.

31 (2) "MEDICAL EMERGENCY" DOES NOT INCLUDE A CONDITION BASED
 32 ON A CLAIM OR DIAGNOSIS THAT THE WOMAN WILL ENGAGE IN CONDUCT THAT SHE
 33 INTENDS TO RESULT IN HER DEATH OR IN SUBSTANTIAL AND IRREVERSIBLE

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1 PHYSICAL IMPAIRMENT OF A MAJOR BODILY FUNCTION.

2 (F) "PHYSICIAN" MEANS ANY INDIVIDUAL LICENSED BY THE STATE BOARD 3 OF PHYSICIANS TO PRACTICE MEDICINE IN THE STATE.

4 (G) "POSTFERTILIZATION AGE" MEANS THE AGE OF THE UNBORN CHILD AS 5 CALCULATED FROM THE FUSION OF A HUMAN SPERMATOZOON WITH A HUMAN 6 OVUM.

7 (H) "PROBABLE POSTFERTILIZATION AGE OF THE UNBORN CHILD" MEANS 8 THE AGE THAT, IN REASONABLE MEDICAL JUDGMENT, WILL WITH REASONABLE 9 PROBABILITY BE THE POSTFERTILIZATION AGE OF THE UNBORN CHILD AT THE TIME 10 THE ABORTION IS PLANNED TO BE PERFORMED OR INDUCED.

11 **(I)** "REASONABLE MEDICAL JUDGMENT" MEANS A MEDICAL JUDGMENT 12 THAT WOULD BE MADE BY A REASONABLY PRUDENT PHYSICIAN WHO IS 13 KNOWLEDGEABLE ABOUT THE CASE AND THE TREATMENT POSSIBILITIES WITH 14 RESPECT TO THE MEDICAL CONDITIONS INVOLVED.

15 (J) "UNBORN CHILD" OR "FETUS" MEANS AN INDIVIDUAL ORGANISM OF 16 THE SPECIES HOMO SAPIENS FROM FERTILIZATION UNTIL LIVE BIRTH.

17 (K) "WOMAN" MEANS A FEMALE HUMAN BEING WHETHER OR NOT SHE HAS 18 REACHED THE AGE OF MAJORITY.

19 **20–219.**

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

- 23(I) HAS MADE A DETERMINATION OF THE PROBABLE24POSTFERTILIZATION AGE OF THE UNBORN CHILD; OR
- 25(II) IS RELYING ON THE DETERMINATION OF THE PROBABLE26POSTFERTILIZATION AGE OF THE UNBORN CHILD MADE BY ANOTHER PHYSICIAN.

27 (2) IN MAKING A DETERMINATION UNDER PARAGRAPH (1) OF THIS 28 SUBSECTION, THE PHYSICIAN SHALL:

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(I) MAKE INQUIRIES OF THE PREGNANT WOMAN; AND

30(II)PERFORM OR CAUSE TO BE PERFORMED MEDICAL31EXAMINATIONS AND TESTS THAT A REASONABLY PRUDENT PHYSICIAN,

KNOWLEDGEABLE ABOUT THE CASE AND THE MEDICAL CONDITIONS INVOLVED,
 WOULD CONSIDER NECESSARY TO PERFORM IN MAKING AN ACCURATE DIAGNOSIS
 OF THE POSTFERTILIZATION AGE.

4 (B) THE FAILURE OF A PHYSICIAN TO CONFORM TO THE PROVISIONS OF 5 SUBSECTION (A) OF THIS SECTION IS DEEMED "UNPROFESSIONAL CONDUCT" UNDER 6 § 14–404 OF THE HEALTH OCCUPATIONS ARTICLE.

7 **20–220.**

8 (A) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, 9 AN INDIVIDUAL MAY NOT PERFORM OR INDUCE OR ATTEMPT TO PERFORM OR 10 INDUCE AN ABORTION ON A PREGNANT WOMAN IF THE PROBABLE 11 POSTFERTILIZATION AGE OF THE WOMAN'S UNBORN CHILD HAS BEEN DETERMINED 12 BY A PHYSICIAN TO BE 20 WEEKS OR MORE.

13 (2) IF, IN THE REASONABLE MEDICAL JUDGMENT OF A PHYSICIAN, 14 THE PREGNANT WOMAN HAS A MEDICAL EMERGENCY, A PHYSICIAN MAY PERFORM 15 OR INDUCE AN ABORTION ON A PREGNANT WOMAN WHOSE UNBORN CHILD HAS A 16 PROBABLE POSTFERTILIZATION AGE OF 20 WEEKS OR MORE AS DETERMINED BY A 17 PHYSICIAN.

18 (1) **(B)** WHEN AN ABORTION IS PERFORMED OR INDUCED ON A PREGNANT WOMAN UNDER SUBSECTION (A)(2) OF THIS SECTION, THE PHYSICIAN SHALL 19 20TERMINATE THE PREGNANCY IN THE MANNER THAT, IN THE PHYSICIAN'S REASONABLE MEDICAL JUDGMENT, PROVIDES THE BEST OPPORTUNITY FOR THE 21UNBORN CHILD TO SURVIVE, UNLESS USING THAT METHOD WOULD, IN THE 22PHYSICIAN'S REASONABLE MEDICAL JUDGMENT, POSE A GREATER RISK OF THE 2324DEATH OR OF THE SUBSTANTIAL AND IRREVERSIBLE PHYSICAL IMPAIRMENT OF A 25MAJOR BODILY FUNCTION OF THE PREGNANT WOMAN, NOT INCLUDING 26**PSYCHOLOGICAL OR EMOTIONAL CONDITIONS.**

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

33 **20–221.**

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

1 (1) THE POSTFERTILIZATION AGE OF THE UNBORN CHILD OF THE 2 PREGNANT WOMAN:

3 (I) IF A DETERMINATION OF PROBABLE POSTFERTILIZATION 4 AGE WAS MADE, WHETHER ULTRASOUND WAS EMPLOYED IN MAKING THE 5 DETERMINATION, AND THE WEEK OF PROBABLE POSTFERTILIZATION AGE 6 DETERMINED; AND

7 (II) IF A DETERMINATION OF PROBABLE POSTFERTILIZATION 8 AGE WAS NOT MADE, THE BASIS OF THE DETERMINATION THAT A MEDICAL 9 EMERGENCY EXISTED;

10 (2) THE METHOD OF ABORTION PERFORMED OR INDUCED, 11 INCLUDING:

12(I)MEDICATIONABORTION,INCLUDING13MIFEPRISTONE/MISOPROSTOL, METHOTREXATE/MISOPROSTOL, OR ANY OTHER14MEDICATION USED;

- 15 (II) MANUAL VACUUM ASPIRATION;
- 16 (III) ELECTRICAL VACUUM ASPIRATION;
- 17 (IV) DILATION AND EVACUATION;
- 18(V)COMBINED INDUCTION ABORTION AND DILATION AND19EVACUATION;
- 20 (VI) INDUCTION ABORTION WITH PROSTAGLANDINS;
- 21(VII) INDUCTIONABORTIONWITHINTRAAMNIOTIC22INSTILLATION, INCLUDING SALINE OR UREA;
- 23 (VIII) INDUCTION ABORTION;
- 24 (IX) INTACT DILATION AND EXTRACTION (PARTIAL–BIRTH); OR
- 25 (X) ANY OTHER METHOD USED;

26 (3) WHETHER AN INTRAFETAL INJECTION WAS USED IN AN ATTEMPT 27 TO INDUCE FETAL DEMISE, INCLUDING THE USE OF INTRAFETAL POTASSIUM 28 CHLORIDE OR DIGOXIN;

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(4) THE AGE AND RACE OF THE PREGNANT WOMAN; AND

2 (5) IF THE PROBABLE POSTFERTILIZATION AGE WAS DETERMINED TO 3 BE 20 OR MORE WEEKS:

4 (I) THE BASIS OF THE PHYSICIAN'S DETERMINATION THAT THE 5 PREGNANT WOMAN HAD A CONDITION THAT SO COMPLICATED HER MEDICAL 6 CONDITION AS TO NECESSITATE THE ABORTION OF HER PREGNANCY TO AVERT HER 7 DEATH OR TO AVERT SERIOUS RISK OF SUBSTANTIAL AND IRREVERSIBLE PHYSICAL 8 IMPAIRMENT OF A MAJOR BODILY FUNCTION, NOT INCLUDING PSYCHOLOGICAL OR 9 EMOTIONAL CONDITIONS; AND

10 (II) WHETHER OR NOT THE METHOD OF ABORTION USED WAS 11 ONE THAT, IN REASONABLE MEDICAL JUDGMENT, PROVIDED THE BEST 12**OPPORTUNITY FOR THE UNBORN CHILD TO SURVIVE AND, IF SUCH A METHOD WAS** NOT USED, THE BASIS OF THE DETERMINATION THAT TERMINATION OF THE 13 PREGNANCY IN THAT MANNER WOULD POSE A GREATER RISK OF THE DEATH OF THE 14PREGNANT WOMAN OR OF THE SUBSTANTIAL AND IRREVERSIBLE PHYSICAL 1516 IMPAIRMENT OF A MAJOR BODILY FUNCTION, NOT INCLUDING PSYCHOLOGICAL OR 17EMOTIONAL CONDITIONS, OF THE WOMAN THAN OTHER AVAILABLE METHODS OF 18 ABORTION.

- 19 (B) (1) A REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION:
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(I) MAY NOT INCLUDE:

211.THE NAME OR THE ADDRESS OF THE WOMAN WHOSE22PREGNANCY WAS TERMINATED; OR

232.ANY OTHER PERSONAL INFORMATION THAT COULD24IDENTIFY THE PREGNANT WOMAN; AND

(II) SHALL INCLUDE A UNIQUE MEDICAL RECORD IDENTIFYING
 NUMBER TO ENABLE MATCHING THE PHYSICIAN'S REPORT TO THE INDIVIDUAL'S
 MEDICAL RECORDS.

(2) A REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION
SHALL BE SUBMITTED ON THE FORMS AND ON A SCHEDULE REQUIRED BY THE
DEPARTMENT IN REGULATION.

31 (3) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS 32 PARAGRAPH, A REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION SHALL

BE CONFIDENTIAL AND NOT AVAILABLE FOR PUBLIC INSPECTION.		
(II) ON REQUEST, A REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION SHALL BE MADE AVAILABLE:		
1. TO THE ATTORNEY GENERAL OR A STATE'S ATTORNEY PURSUANT TO A CRIMINAL OR CIVIL INVESTIGATION; OR		
2. ON A COURT ORDER.		
(C) (1) ON OR BEFORE JUNE 30 EACH YEAR, THE DEPARTMENT SHALL ISSUE A PUBLIC REPORT PROVIDING STATISTICS FOR THE PREVIOUS CALENDAR YEAR COMPILED FROM ALL THE REPORTS COVERING THAT YEAR SUBMITTED IN ACCORDANCE WITH SUBSECTION (A) OF THIS SECTION FOR EACH OF THE ITEMS LISTED IN SUBSECTION (A) OF THIS SECTION.		
(2) THE REPORT SHALL INCLUDE THE STATISTICS FOR ALL PREVIOUS CALENDAR YEARS, ADJUSTED TO REFLECT ANY ADDITIONAL INFORMATION FROM LATE OR CORRECTED REPORTS.		
(3) THE REPORT MAY NOT INCLUDE PERSONAL IDENTIFYING INFORMATION OF ANY PREGNANT WOMAN ON WHOM AN ABORTION WAS PERFORMED, INDUCED, OR ATTEMPTED.		
(D) (1) THE DEPARTMENT SHALL ADOPT REGULATIONS TO IMPLEMENT THE PROVISIONS OF THIS SECTION ON OR BEFORE JANUARY 1, 2019.		
(2) THE REGULATIONS SHALL REQUIRE THAT THE REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION INCLUDE ALL ABORTIONS PERFORMED OR INDUCED ON AND AFTER THE FIRST DAY OF THE FIRST CALENDAR MONTH FOLLOWING THE DATE THE REGULATIONS ARE ADOPTED.		
(E) (1) A PHYSICIAN MAY NOT KNOWINGLY FAIL TO FILE OR LATE FILE A REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION.		
 (2) ANY PHYSICIAN WHO FAILS TO SUBMIT A REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION WITHIN 30 DAYS AFTER THE REPORTING DEADLINE IN VIOLATION OF THIS SUBSECTION IS SUBJECT TO A CIVIL PENALTY OF \$1,000 FOR EACH 30-DAY PERIOD OR PORTION OF A 30-DAY PERIOD THE REPORT IS OVERDUE. (3) (1) A PHYSICIAN WHO FAILS TO FILE A PEPOPT OF KNOWINGLY 		

31(3)(1)A PHYSICIAN WHO FAILS TO FILE A REPORT OR KNOWINGLY32FILES AN INCOMPLETE REPORT MORE THAN 6 MONTHS AFTER JUNE 30 OF THE

1 REPORTING YEAR MAY, IN AN ACTION BROUGHT BY THE DEPARTMENT, BE 2 DIRECTED BY A COURT OF COMPETENT JURISDICTION TO SUBMIT A COMPLETE 3 REPORT WITHIN A PERIOD STATED BY COURT ORDER OR BE CITED FOR CIVIL 4 CONTEMPT.

5 (II) A WILLFUL FAILURE BY ANY PHYSICIAN TO CONFORM TO 6 ANY REQUIREMENT OF THIS SECTION, OTHER THAN LATE FILING OF A REPORT, 7 SHALL BE DEEMED "UNPROFESSIONAL CONDUCT" UNDER § 14–404 OF THE HEALTH 8 OCCUPATIONS ARTICLE.

9 (III) A WILLFUL FAILURE BY ANY PHYSICIAN TO SUBMIT A
10 COMPLETE REPORT IN ACCORDANCE WITH A COURT ORDER UNDER SUBPARAGRAPH
11 (I) OF THIS PARAGRAPH SHALL BE DEEMED "UNPROFESSIONAL CONDUCT" UNDER §
12 14-404 OF THE HEALTH OCCUPATIONS ARTICLE.

13(4)(I)A PHYSICIAN MAY NOT WILLFULLY FALSIFY A REPORT14REQUIRED 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.

18 **20–222.**

19 (A) (1) A WOMAN ON WHOM AN ABORTION IS PERFORMED OR INDUCED 20 OR THE FATHER OF THE UNBORN CHILD WHO WAS THE SUBJECT OF AN ABORTION 21 PERFORMED IN VIOLATION OF THIS PART MAY BRING A CIVIL ACTION AGAINST THE 22 PERSON WHO PERFORMED OR INDUCED THE ABORTION IN INTENTIONAL OR 23 RECKLESS VIOLATION OF THIS PART FOR COMPENSATORY AND PUNITIVE DAMAGES.

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

28A WOMAN ON WHOM AN ABORTION WAS PERFORMED OR INDUCED OR **(B)** ATTEMPTED TO BE PERFORMED OR INDUCED IN VIOLATION OF THIS PART, THE 2930 WOMAN'S SPOUSE, PARENT, GUARDIAN, OR SIBLING, OR THE WOMAN'S CURRENT OR FORMER LICENSED HEALTH CARE PROVIDER, THE DEPARTMENT, THE ATTORNEY 31GENERAL, OR THE STATE'S ATTORNEY FOR THE COUNTY WHERE THE ABORTION 32 WAS PERFORMED MAY APPLY TO THE APPROPRIATE COURT FOR A TEMPORARY OR 33 34PERMANENT INJUNCTION TO RESTRAIN THE PERSON THAT PERFORMED OR 35 INDUCED THE ABORTION OR ATTEMPTED TO PERFORM OR INDUCE AN ABORTION ON 36 THE WOMAN FOR VIOLATING THIS PART:

(1) 1 WHETHER OR NOT AN ADEQUATE REMEDY AT LAW EXISTS: $\mathbf{2}$ (2) IN ADDITION TO OTHER REMEDIES PROVIDED BY LAW; AND 3 (3) NOTWITHSTANDING ANY OTHER LAW. 4 **(C)** (1) IF A JUDGMENT IS RENDERED IN FAVOR OF THE PLAINTIFF IN AN ACTION TAKEN UNDER THIS SECTION, THE COURT ALSO SHALL RENDER JUDGMENT $\mathbf{5}$ FOR REASONABLE ATTORNEY'S FEES IN FAVOR OF THE PLAINTIFF AGAINST THE 6 7 DEFENDANT. 8 (2) IF JUDGMENT IS RENDERED IN FAVOR OF THE DEFENDANT AND 9 THE COURT FINDS THAT THE PLAINTIFF'S ACTION WAS FRIVOLOUS AND BROUGHT IN BAD FAITH, THE COURT SHALL RENDER JUDGMENT FOR REASONABLE 10 11 ATTORNEY'S FEES IN FAVOR OF THE DEFENDANT AGAINST THE PLAINTIFF. 12 NO DAMAGES OR ATTORNEY'S FEES MAY BE ASSESSED AGAINST **(D)** (1) 13THE WOMAN ON WHOM AN ABORTION WAS PERFORMED OR INDUCED OR ATTEMPTED 14TO BE PERFORMED OR INDUCED EXCEPT UNDER SUBSECTION (C)(2) OF THIS 15SECTION. 16 (2) NO DAMAGES MAY BE AWARDED TO A PLAINTIFF IF THE COURT FINDS THAT PREGNANCY RESULTED FROM THE PLAINTIFF'S CRIMINAL CONDUCT. 1720-223. 18 19 IN A CIVIL ACTION OR CRIMINAL PROCEEDING BROUGHT UNDER THIS (A) 20PART, THE COURT SHALL DETERMINE WHETHER THE ANONYMITY OF A WOMAN ON 21WHOM AN ABORTION HAS BEEN PERFORMED OR INDUCED OR ATTEMPTED TO BE 22PERFORMED OR INDUCED SHALL BE PRESERVED FROM PUBLIC DISCLOSURE IF SHE 23DOES NOT GIVE HER CONSENT TO DISCLOSURE. IF A COURT FINDS THAT A WOMAN'S ANONYMITY SHOULD BE 24**(B)** (1) 25PRESERVED UNDER SUBSECTION (A) OF THIS SECTION, THE COURT SHALL: 26**(I)** ISSUE A GAG ORDER TO THE PARTIES, WITNESSES, AND 27COUNSEL; 28**(II)** SEAL THE RECORD; AND 29(III) EXCLUDE UNAUTHORIZED INDIVIDUALS FROM 30 COURTROOMS OR HEARING ROOMS TO THE EXTENT NECESSARY TO SAFEGUARD THE 31 WOMAN'S IDENTITY FROM PUBLIC DISCLOSURE.

1 (2) EACH ORDER ISSUED UNDER PARAGRAPH (1) OF THIS 2 SUBSECTION SHALL BE ACCOMPANIED BY A SPECIFIC WRITTEN FINDING 3 EXPLAINING:

4 (I) WHY THE ANONYMITY OF THE WOMAN SHOULD BE 5 PRESERVED FROM PUBLIC DISCLOSURE;

6 (II) WHY THE ORDER IS ESSENTIAL TO PRESERVING THE 7 WOMAN'S ANONYMITY;

8 (III) HOW THE ORDER IS NARROWLY TAILORED TO SERVE THE 9 WOMAN'S INTERESTS; AND

10(IV) WHY NO REASONABLE LESS RESTRICTIVE ALTERNATIVE11EXISTS.

12 (C) IF A WOMAN ON WHOM AN ABORTION HAS BEEN PERFORMED OR 13 INDUCED OR ATTEMPTED TO BE PERFORMED OR INDUCED REFUSES TO CONSENT TO 14 DISCLOSURE OF HER NAME IN A COURT PROCEEDING UNDER SUBSECTION (A) OF 15 THIS SECTION, ANY PERSON LISTED IN § 20–222 OF THIS PART, OTHER THAN A 16 PUBLIC OFFICIAL, WHO BRINGS AN ACTION UNDER THIS PART SHALL USE A 17 PSEUDONYM FOR THE WOMAN.

18 **(D)** THIS SECTION MAY NOT BE CONSTRUED TO AUTHORIZE THE 19 CONCEALMENT OF THE IDENTITY OF THE PLAINTIFF OR OF A WITNESS FROM THE 20 DEFENDANT OR FROM AN ATTORNEY FOR THE DEFENDANT.

21 **20–224.**

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

(B) (1) AN ABORTION THAT COMPLIES WITH THE PROVISIONS OF §§ 26 20–219 AND 20–220 OF THIS PART BUT VIOLATES THE PROVISIONS OF § 27 20–209(B)(1) OF THIS SUBTITLE OR ANY OTHER APPLICABLE PROVISION OF LAW 28 SHALL BE DEEMED UNLAWFUL AS PROVIDED IN THE APPLICABLE PROVISION OF 29 LAW.

30 (2) AN ABORTION THAT COMPLIES WITH THE PROVISIONS OF § 31 20–209(B)(1) OF THIS SUBTITLE OR ANY OTHER APPLICABLE PROVISION OF LAW 32 REGULATING OR RESTRICTING ABORTION BUT VIOLATES THE PROVISIONS OF THIS

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1 PART SHALL BE DEEMED UNLAWFUL.

 $\mathbf{2}$ (3) IF SOME OR ALL OF THE PROVISIONS OF THIS PART ARE 3 TEMPORARILY OR PERMANENTLY RESTRAINED OR ENJOINED BY JUDICIAL ORDER, 4 ALL OTHER PROVISIONS OF LAW REGULATING OR RESTRICTING ABORTION SHALL BE ENFORCED AS THOUGH THE RESTRAINED OR ENJOINED PROVISIONS HAD NOT $\mathbf{5}$ BEEN ADOPTED, EXCEPT THAT WHENEVER THE TEMPORARY OR PERMANENT 6 7 RESTRAINING ORDER OR INJUNCTION IS STAYED OR DISSOLVED, OR OTHERWISE 8 CEASES TO HAVE EFFECT, THE AFFECTED PROVISIONS SHALL HAVE FULL FORCE 9 AND EFFECT.

10 **20–225.**

11 THIS PART MAY BE CITED AS THE MARYLAND PAIN-CAPABLE UNBORN CHILD 12 PROTECTION ACT.

13 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 14 October 1, 2018.