LEGISLATURE OF NEBRASKA

ONE HUNDRED SIXTH LEGISLATURE

FIRST SESSION

LEGISLATIVE BILL 209

FINAL READING

Introduced by Albrecht, 17; Arch, 14; Bostelman, 23; Brewer, 43; Briese, 41; Clements, 2; Erdman, 47; Geist, 25; Gragert, 40; Halloran, 33; Hansen, B., 16; Hilgers, 21; Kolterman, 24; La Grone, 49; Linehan, 39; Lowe, 37; McDonnell, 5; Murman, 38; Quick, 35; Scheer, 19; Slama, 1; Dorn, 30; Groene, 42; Moser, 22; Hughes, 44.

Read first time January 11, 2019

Committee: Judiciary

1 A BILL FOR AN ACT relating to crimes and offenses; to amend sections 2 28-327, 28-327.01, 28-345, and 28-806, Reissue Revised Statutes of 3 Nebraska; to provide requirements for the provision of information 4 and materials regarding finding medical assistance and continuing a viable pregnancy after taking mifepristone; to provide duties for 5 6 the Department of Health and Human Services; to require a 7 confidential reporting form as prescribed; to change provisions relating to public indecency; and to repeal the original sections. 8 Be it enacted by the people of the State of Nebraska, 9

-1-

Section 1. Section 28-327, Reissue Revised Statutes of Nebraska, is
 amended to read:

28-327 No abortion shall be performed except with the voluntary and
informed consent of the woman upon whom the abortion is to be performed.
Except in the case of an emergency situation, consent to an abortion is
voluntary and informed only if:

7 (1) The woman is told the following by the physician who is to 8 perform the abortion, by the referring physician, or by a physician 9 assistant or registered nurse licensed under the Uniform Credentialing 10 Act who is an agent of either physician, at least twenty-four hours 11 before the abortion:

(a) The particular medical risks associated with the particular
abortion procedure to be employed including, when medically accurate, the
risks of infection, hemorrhage, perforated uterus, danger to subsequent
pregnancies, and infertility;

(b) The probable gestational age of the unborn child at the time theabortion is to be performed;

18 (c) The medical risks associated with carrying her child to term; 19 and

20 (d) That she cannot be forced or required by anyone to have an
21 abortion and is free to withhold or withdraw her consent for an abortion;
22 and -

(e) Research indicates that mifepristone alone is not always
 effective in ending a pregnancy. You may still have a viable pregnancy
 after taking mifepristone. If you change your mind and want to continue
 your pregnancy after taking mifepristone, information on finding
 immediate medical assistance is available on the web site of the
 Department of Health and Human Services.

The person providing the information specified in this subdivision to the person upon whom the abortion is to be performed shall be deemed qualified to so advise and provide such information only if, at a

-2-

minimum, he or she has had training in each of the following subjects: 1 2 Sexual and reproductive health; abortion technology; contraceptive short-term counseling skills; community resources 3 technology; and 4 referral; and informed consent. The physician or the physician's agent may provide this information by telephone without conducting a physical 5 examination or tests of the patient, in which case the information 6 7 required to be supplied may be based on facts supplied by the patient and whatever other relevant information is reasonably available to the 8 9 physician or the physician's agent;

10 (2) The woman is informed by telephone or in person, by the 11 physician who is to perform the abortion, by the referring physician, or 12 by an agent of either physician, at least twenty-four hours before the 13 abortion:

14

(a) The name of the physician who will perform the abortion;

(b) That medical assistance benefits may be available for prenatalcare, childbirth, and neonatal care;

17 (c) That the father is liable to assist in the support of her child,
18 even in instances in which the father has offered to pay for the
19 abortion;

(d) That she has the right to review the printed materials described 20 in section 28-327.01. The physician or his or her agent shall orally 21 22 inform the woman that the materials have been provided by the Department of Health and Human Services and that they describe the unborn child, and 23 24 list agencies which offer alternatives to abortion, and include information on finding immediate medical assistance if she changes her 25 mind after taking mifepristone and wants to continue her pregnancy. If 26 the woman chooses to review the materials, they shall either be given to 27 her at least twenty-four hours before the abortion or mailed to her at 28 least seventy-two hours before the abortion by certified mail, restricted 29 delivery to addressee, which means the postal employee can only deliver 30 the mail to the addressee. The physician and his or her agent may 31

-3-

disassociate themselves from the materials and may comment or refrain
 from commenting on them as they choose; and

3 (e) That she has the right to request a comprehensive list, compiled by the Department of Health and Human Services, of health care providers, 4 facilities, and clinics that offer to have ultrasounds performed by a 5 person at least as qualified as a registered nurse licensed under the 6 Uniform Credentialing Act, including and specifying those that offer to 7 perform such ultrasounds free of charge. The list shall be arranged 8 geographically and shall include the name, address, hours of operation, 9 and telephone number of each entity. If requested by the woman, the 10 physician who is to perform the abortion, the referring physician, or his 11 or her agent shall provide such a list as compiled by the department; 12

(3) If an ultrasound is used prior to the performance of an
abortion, the physician who is to perform the abortion, the referring
physician, or a physician assistant or registered nurse licensed under
the Uniform Credentialing Act who is an agent of either physician, or any
qualified agent of either physician, shall:

(a) Perform an ultrasound of the woman's unborn child of a quality
consistent with standard medical practice in the community at least one
hour prior to the performance of the abortion;

(b) Simultaneously display the ultrasound images so that the woman may choose to view the ultrasound images or not view the ultrasound images. The woman shall be informed that the ultrasound images will be displayed so that she is able to view them. Nothing in this subdivision shall be construed to require the woman to view the displayed ultrasound images; and

(c) If the woman requests information about the displayed ultrasound image, her questions shall be answered. If she requests a detailed, simultaneous, medical description of the ultrasound image, one shall be provided that includes the dimensions of the unborn child, the presence of cardiac activity, if present and viewable, and the presence of

-4-

1 external members and internal organs, if present and viewable;

2 (4) At least one hour prior to the performance of an abortion, a
3 physician, psychiatrist, psychologist, mental health practitioner,
4 physician assistant, registered nurse, or social worker licensed under
5 the Uniform Credentialing Act has:

6 (a) Evaluated the pregnant woman to identify if the pregnant woman 7 had the perception of feeling pressured or coerced into seeking or 8 consenting to an abortion;

9 (b) Evaluated the pregnant woman to identify the presence of any 10 risk factors associated with abortion;

(c) Informed the pregnant woman and the physician who is to perform 11 the abortion of the results of the evaluation in writing. The written 12 evaluation shall include, at a minimum, a checklist identifying both the 13 positive and negative results of the evaluation for each risk factor 14 associated with abortion and both the licensed person's written 15 certification and the woman's written certification that the pregnant 16 17 woman was informed of the risk factors associated with abortion as discussed; and 18

(d) Retained a copy of the written evaluation results in thepregnant woman's permanent record;

(5) If any risk factors associated with abortion were identified, the pregnant woman was informed of the following in such manner and detail that a reasonable person would consider material to a decision of undergoing an elective medical procedure:

(a) Each complication associated with each identified risk factor;and

27 (b) Any quantifiable risk rates whenever such relevant data exists;

(6) The physician performing the abortion has formed a reasonablemedical judgment, documented in the permanent record, that:

30 (a) The preponderance of statistically validated medical studies
 31 demonstrates that the physical, psychological, and familial risks

-5-

associated with abortion for patients with risk factors similar to the
 patient's risk factors are negligible risks;

3 (b) Continuance of the pregnancy would involve risk of injury to the 4 physical or mental health of the pregnant woman greater than if the 5 pregnancy were terminated by induced abortion; or

6 (c) Continuance of the pregnancy would involve less risk of injury 7 to the physical or mental health of the pregnant woman than if the 8 pregnancy were terminated by an induced abortion;

9 (7) The woman certifies in writing, prior to the abortion, that:

10 (a) The information described in subdivisions (1) and (2)(a), (b),
11 and (c) of this section has been furnished her;

(b) She has been informed of her right to review the information
referred to in subdivision (2)(d) of this section; and

(c) The requirements of subdivision (3) of this section have been
performed if an ultrasound is performed prior to the performance of the
abortion; and

(8) Prior to the performance of the abortion, the physician who is to perform the abortion or his or her agent receives a copy of the written certification prescribed by subdivision (7) of this section. The physician or his or her agent shall retain a copy of the signed certification form in the woman's medical record.

22 Sec. 2. Section 28-327.01, Reissue Revised Statutes of Nebraska, is 23 amended to read:

24 28-327.01 (1) The Department of Health and Human Services shall 25 cause to be published the following easily comprehensible printed 26 materials:

(a) Geographically indexed materials designed to inform the woman of public and private agencies and services available to assist a woman through pregnancy, upon childbirth, and while the child is dependent, including adoption agencies and agencies and services for prevention of unintended pregnancies, which materials shall include a comprehensive

-6-

1 list of the agencies available, a description of the services they offer, 2 and a description of the manner, including telephone numbers and 3 addresses in which such agencies may be contacted or printed materials 4 including a toll-free, twenty-four-hour-a-day telephone number which may 5 be called to orally obtain such a list and description of agencies in the 6 locality of the caller and of the services they offer;

7 (b) Materials designed to inform the woman of the probable anatomical and physiological characteristics of the unborn child at two-8 9 week gestational increments from the time when a woman can be known to be pregnant to full term, including pictures or drawings representing the 10 development of unborn children at the two-week gestational increments, 11 and any relevant information on the possibility of the unborn child's 12 13 survival. Any such pictures or drawings shall contain the dimensions of the unborn child and shall be realistic and appropriate for the stage of 14 pregnancy depicted. The materials shall be objective, nonjudgmental, and 15 16 designed to convey only accurate scientific information about the unborn 17 child at the various gestational ages. The materials shall also contain objective information describing the methods of abortion procedures 18 19 commonly employed, the medical risks commonly associated with each such procedure, the possible detrimental psychological effects of abortion, 20 the medical risks commonly associated with abortion, and the medical 21 22 risks commonly associated with carrying a child to term; -and

(c) A comprehensive list of health care providers, facilities, and clinics that offer to have ultrasounds performed by a person at least as qualified as a registered nurse licensed under the Uniform Credentialing Act, including and specifying those that offer to perform such ultrasounds free of charge. The list shall be arranged geographically and shall include the name, address, hours of operation, and telephone number of each entity; -

30 (d) Materials designed to inform the woman that she may still have a
 31 viable pregnancy after taking mifepristone. The materials shall include

-7-

the following statements: "Research indicates that mifepristone alone is not always effective in ending a pregnancy. You may still have a viable pregnancy after taking mifepristone. If you change your mind and want to continue your pregnancy after taking mifepristone, it may not be too late."; and (e) Materials, including contact information, that will assist the

7 woman in finding a medical professional who can help her continue her
8 pregnancy after taking mifepristone.

9 (2) The printed materials shall be printed in a typeface large 10 enough to be clearly legible.

11 (3) The printed materials required under this section shall be 12 available from the department upon the request by any person, facility, 13 or hospital for an amount equal to the cost incurred by the department to 14 publish the materials.

(4) The Department of Health and Human Services shall make available 15 on its Internet web site a printable publication of geographically 16 17 indexed materials designed to inform the woman of public and private agencies with services available to assist a woman with mental health 18 concerns, following a risk factor evaluation. Such services shall 19 include, but not be limited to, outpatient and crisis intervention 20 services and crisis hotlines. The materials shall include a comprehensive 21 22 list of the agencies available, a description of the services offered, and a description of the manner in which such agencies may be contacted, 23 24 including addresses and telephone numbers of such agencies, as well as a 25 toll-free, twenty-four-hour-a-day telephone number to be provided by the department which may be called to orally obtain the names of the agencies 26 27 and the services they provide in the locality of the woman. The 28 department shall update the publication as necessary.

(5) The Department of Health and Human Services shall publish and
 make available on its web site materials designed to inform the woman
 that she may still have a viable pregnancy after taking mifepristone. The

-8-

1	<u>materials shall include the following statements: "Research indicates</u>
2	that mifepristone alone is not always effective in ending a pregnancy.
3	<u>You may still have a viable pregnancy after taking mifepristone. If you</u>
4	change your mind and want to continue your pregnancy after taking
5	mifepristone, it may not be too late." The materials shall also include
6	information, including contact information, that will assist the woman in
7	finding a medical professional who can help her continue her pregnancy
8	<u>after taking mifepristone.</u>
9	(6) The Department of Health and Human Services shall review and
10	update, as necessary, the materials, including contact information,
11	<u>regarding medical professionals who can help a woman continue her</u>
12	pregnancy after taking mifepristone.
13	<u>(7)(a) The Department of Health and Human Services shall prescribe a</u>
14	reporting form which shall be used for the reporting of every attempt at
15	continuing a woman's pregnancy after taking mifepristone as described in
16	this section performed in this state. Such form shall include the
17	following items:
18	<u>(i) The age of the pregnant woman;</u>
19	(ii) The location of the facility where the service was performed;
20	<u>(iii) The type of service provided;</u>
21	<u>(iv) Complications, if any;</u>
22	(v) The name of the attending medical professional;
23	<u>(vi) The pregnant woman's obstetrical history regarding previous</u>
24	pregnancies, abortions, and live births;
25	(vii) The state of the pregnant woman's legal residence;
26	(viii) Whether an emergency situation caused the physician to waive
27	any of the requirements of section 28-327; and
28	<u>(ix) Such other information as may be prescribed in accordance with</u>
29	<u>section 71-602.</u>
30	<u>(b) The completed form shall be signed by the attending medical</u>
31	professional and sent to the department within fifteen days after each

reporting month. The completed form shall be an original, typed or 1 written legibly in durable ink, and shall not be deemed complete unless 2 the omission of any item of information required shall have been 3 4 disclosed or satisfactorily accounted for. Carbon copies shall not be acceptable. The reporting form shall not include the name of the person 5 for whom the service was provided. The reporting form shall be 6 confidential and shall not be revealed except upon the order of a court 7 8 of competent jurisdiction in a civil or criminal proceeding.

9 Sec. 3. Section 28-345, Reissue Revised Statutes of Nebraska, is 10 amended to read:

28-345 The Department of Health and Human Services shall prepare and 11 keep on permanent file compilations of the information submitted on the 12 abortion reporting forms and reporting forms regarding attempts at 13 continuing a woman's pregnancy after taking mifepristone pursuant to such 14 15 rules and regulations as established by the department, which compilations shall be a matter of public record. Under no circumstances 16 17 shall the compilations of information include the name of any attending physician or identify in any respect facilities where abortions are 18 19 performed. The department, in order to maintain and keep such compilations current, shall file with such reports any new or amended 20 21 information.

22 Sec. 4. Section 28-806, Reissue Revised Statutes of Nebraska, is 23 amended to read:

24 28-806 (1) A person, eighteen years of age or over, commits public 25 indecency if such person performs or procures, or assists any other 26 person to perform, in a public place and where the conduct may reasonably 27 be expected to be viewed by members of the public:

28 (a) An act of sexual penetration; or

(b) An exposure of the genitals of the body done with intent toaffront or alarm any person; or

31 (c) A lewd fondling or caressing of the body of another person of

-10-

1 the same or opposite sex.

2 (2) Public indecency is a Class II misdemeanor.

3 (3) It shall not be a violation of this section for an individual to

4 <u>breast-feed a child in a public place.</u>

Sec. 5. Original sections 28-327, 28-327.01, 28-345, and 28-806,
Reissue Revised Statutes of Nebraska, are repealed.