CS FOR HOUSE BILL NO. 160(JUD)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SECOND LEGISLATURE - FIRST SESSION

BY THE HOUSE JUDICIARY COMMITTEE

Offered: 4/28/01 Referred: Finance

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Sponsor(s): REPRESENTATIVES COGHILL, Dyson, James, Kott, Wilson, Meyer, Stevens, Kohring, Green

A BILL

FOR AN ACT ENTITLED

1 "An Act requiring the reporting of induced terminations of pregnancies."

2 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

- * **Section 1.** AS 18.50 is amended by adding a new section to read:
 - Sec. 18.50.245. Report of induced termination of pregnancy. (a) A hospital, clinic, or other institution where an induced termination of pregnancy is performed in the state shall submit a report directly to the state registrar within 30 days after the induced termination is completed. The report may not contain the name of the patient whose pregnancy was terminated but must contain the information required by the state registrar in regulations adopted under this section.
 - (b) When an induced termination of pregnancy is performed by a physician outside of a hospital, clinic, or other institution, the physician shall submit the report required under this section within 30 days after the induced termination of pregnancy is completed.
 - (c) For purposes of this section,
- 15 (1) an induced termination of pregnancy is considered to be performed

where the act interrupting the pregnancy is performed even if the resultant expulsion of the product of conception occurs elsewhere;

- (2) prescription of a medicine by a physician who knows that the medicine will be taken with the intention of inducing termination of a pregnancy is considered to be the act that interrupts the pregnancy even if the medicine is taken outside of the physician's presence; and
- (3) an induced termination of pregnancy is considered to be completed when the product of conception is extracted or expulsed.
- (d) The state registrar shall annually prepare a statistical report based on the reports received under this section. The report must include the types of information required under (e) of this section, except that the statistical report may not identify or give information that can be used to identify the name of any physician who performed an induced termination of pregnancy, the name of any facility in which an induced termination of pregnancy occurred, or the name of the municipality or community in which the induced termination of pregnancy occurred. The data gathered from the reports received under this section may only be presented in aggregate statistics, not individually, so that specific individuals may not be identified. After preparation of the annual report, the state registrar shall destroy the reports received under this section.
- (e) The state registrar shall adopt regulations to implement this section. The regulations that establish the information that will be required in a report of an induced termination of pregnancy must require information substantially similar to the information required under the United States Standard Report of Induced Termination of Pregnancy, as published by the National Center for Health Statistics, Centers for Disease Control and Prevention, United States Department of Health and Human Services, in April 1998, as part of DHHS Publication No. (PHS) 98-1117.
- * **Sec. 2.** AS 18.50.310(a) is amended to read:

(a) To protect the integrity of vital statistics records, to ensure their proper use, and to ensure the efficient and proper administration of the vital statistics system, it is unlawful for a person to permit inspection of [,] or to disclose information contained in vital statistics records, or to copy or issue a copy of all or part of a record, except as

1	provided by this section of as authorized by regulations issued under this chapter
2	Regulations issued under this chapter may not authorize inspection, disclosure
3	or copying of all or part of any report or record received under AS 18.50.245
4	except that the statistical report prepared under AS 18.50.245(d) may be copied
5	and distributed.
6	* Sec. 3. AS 18.50.310(b) is amended to read:
7	(b) The bureau may permit the use of data contained in vital statistics records
8	other than reports of induced terminations of pregnancy, for research purposes.
9	* Sec. 4. AS 18.50.310(e) is amended to read:
10	(e) The department may by regulation provide for the release of information
11	other than information in reports of induced terminations of pregnancy, to
12	authorized representatives of organizations or foundations that counsel the next of kin
13	of victims of sudden infant death syndrome.
14	* Sec. 5. AS 18.50.350 is amended to read:
15	Sec. 18.50.350. Duty to furnish information. A person having knowledge o
16	the facts shall furnish the information the person possesses regarding a birth, death
17	fetal death, induced termination of pregnancy, marriage, or divorce, upon demand
18	of the state registrar.
19	* Sec. 6. AS 18.50.950(8) is amended to read:
20	(8) "fetal death" means death before the complete expulsion of
21	extraction from its mother of a product of human conception, irrespective of the
22	duration of pregnancy, where
23	(A) [AND] the death is indicated by the fact that, after
24	expulsion or extraction, the fetus does not breathe or show evidence of life
25	such as beating of the heart, pulsation of the umbilical cord, or definite
26	movement of voluntary muscles; and
27	(B) the expulsion or extraction is not caused by an induced
28	termination of pregnancy;
29	* Sec. 7. AS 18.50.950(18) is amended to read:
30	(18) "vital statistics" means records of birth, death, fetal death
31	induced termination of pregnancy, marriage, divorce, adoption, and related data.

* Sec. 8.	AS 18.50.950 is	s amended by	v adding a new	naragranh to	read
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2	(19) "induced termination of pregnancy" means the purposeful
3	interruption of an intrauterine pregnancy with the intention other than to produce a
4	live-born infant, and that does not result in a live birth, except that "induced
5	termination of pregnancy" does not include management of prolonged retention of
6	products of conception following fetal death;