Senate Bill 671

Sponsored by Senator HEARD, Representative BREESE-JVERSON; Senators FINDLEY, LINTHICUM, THATCHER, Representatives MOORE-GREEN, NEARMAN, OWENS, POST, RESCHKE, STARK (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor’s brief statement of the essential features of the measure as introduced.

Prohibits abortion unless health care provider has first determined probable gestational age of unborn child, except in case of medical emergency. Defines “abortion” and “health care provider.”

Prohibits abortion of unborn child with probable gestational age of 20 or more weeks, except in case of medical emergency. Allows specified persons to bring action against health care provider for violations. Requires health care provider who performs or induces, or attempts to perform or induce, abortion to file report with Oregon Health Authority. Requires authority to publish annually statistics relating to abortion. Allows specified persons to bring cause of action for actual and punitive damages and injunctive relief against health care provider for violation.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to abortion; creating new provisions; amending ORS 677.190, 678.111 and 685.110; and prescribing an effective date.

Whereas pain receptors are present throughout an unborn child’s entire body by 16 weeks probable gestational age and nerves link these receptors to the brain’s thalamus and subcortical plate by 20 weeks probable gestational age; and

Whereas by eight weeks probable gestational age, the unborn child reacts to touch; and

Whereas after 20 weeks probable gestational age, the unborn child reacts to stimuli that would be recognized as painful if applied to an adult human, for example by recoiling; and

Whereas in the unborn child, application of such painful stimuli is associated with significant increases in stress hormones known as the stress response; and

Whereas subjection to such painful stimuli is associated with long-term harmful neurodevelopmental effects, such as altered pain sensitivity and, possibly, emotional, behavioral and learning disabilities later in life; and

Whereas for the purposes of surgery on unborn children, fetal anesthesia is routinely administered and is associated with a decrease in stress hormones compared to their level when painful stimuli are applied without anesthesia; and

Whereas the position, asserted by some medical experts, that the unborn child is incapable of experiencing pain until a point later in pregnancy than 20 weeks probable gestational age predominantly rests on the assumption that the ability to experience pain depends on the cerebral cortex and requires nerve connections between the thalamus and the cortex; and

Whereas medical research and analyses conducted since 2007 provide strong evidence for the conclusion that a functioning cortex is not necessary to experience pain; and

Whereas substantial evidence indicates that children born missing the bulk of the cerebral cortex, such as those with hydranencephaly, nevertheless experience pain; and

Whereas in adults, stimulation or ablation of the cerebral cortex does not alter pain perception, while stimulation or ablation of the thalamus does; and

NOTE: Matter in boldfaced type in an amended section is new; matter [italic and bracketed] is existing law to be omitted.
New sections are in boldfaced type.

LC 1224
Whereas substantial evidence indicates that structures used for pain processing in early development differ from those of adults, using different neural elements available at specific times during development, such as the subcortical plate, to fulfill the role of pain processing; and

Whereas there is substantial medical evidence that an unborn child is capable of experiencing pain by 20 weeks probable gestational age; and

Whereas it is the purpose of the Legislative Assembly 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; now, therefore,

Be It Enacted by the People of the State of Oregon:

SECTION 1. As used in sections 1 to 8 of this 2021 Act:

(1) “Abortion” means the use or prescription of any instrument, medicine, drug or any other substance or device to terminate the pregnancy of a person known to be pregnant, if the intention is other than to increase the probability of a live birth, to preserve the life or health of the child after live birth or to remove a dead unborn child who died as the result of natural causes in utero, accidental trauma or a criminal assault on the pregnant person or their unborn child, and that use or prescription causes the premature termination of the pregnancy.

(2) “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.

(3) “Fertilization” means the fusion of a human spermatozoon with a human ovum.

(4) “Health care provider” means:

(a) A physician licensed under ORS chapter 677;

(b) A physician assistant licensed under ORS 677.505 to 677.525;

(c) A naturopathic physician licensed under ORS chapter 685; and

(d) A nurse practitioner licensed under ORS 678.375 to 678.390.

(5)(a) “Medical emergency” means a condition that, in reasonable medical judgment, so complicates the medical condition of the pregnant person as to necessitate the immediate termination of the pregnancy to avert the person’s death or for which a delay necessary to determine probable gestational age will create serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional functions.

(b) “Medical emergency” does not include the likelihood that the pregnant person will engage in conduct that would result in the person’s death or in substantial and irreversible physical impairment of a major bodily function.

(6) “Probable gestational age” means the duration of the pregnancy at the time the abortion is to be performed or induced.

(7) “Reasonable medical judgment” means a medical judgment that would be made by a reasonably prudent health care provider who is knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

(8) “Unborn child” means an individual organism of the species Homo sapiens from fertilization until live birth.

SECTION 2. (1) Except in the case of a medical emergency that prevents compliance with this section, a person may not perform or induce, or attempt to perform or induce, an
abortion unless a health care provider has first made a determination of the probable gestational age of the unborn child.

(2) In making the determination required by subsection (1) of this section, the health care provider shall make the inquiries of the person who is pregnant and perform or cause to be performed the medical examinations and tests that a reasonably prudent health care provider who is knowledgeable about the case and the medical conditions involved would make and perform to make an accurate diagnosis with respect to the probable gestational age.

SECTION 3. (1) Except in the event of a medical emergency, a person may not perform or induce, or attempt to perform or induce, an abortion when a health care provider has determined that the probable gestational age of the unborn child is 20 or more weeks.

(2) When a health care provider terminates a pregnancy that is not prohibited under this section because of a medical emergency, the health care provider shall terminate the pregnancy in the manner that, in reasonable medical judgment, provides the best opportunity for the unborn child to survive, unless, in reasonable medical judgment, termination of the pregnancy in that manner would pose a greater risk of the death of the pregnant person or of the substantial and irreversible physical impairment of a major bodily function of the person, other than psychological or emotional functions, than other available methods. The likelihood that the person who is pregnant will engage in conduct that would result in the person’s death or in substantial and irreversible physical impairment of a major bodily function does not constitute a greater risk under this subsection.

SECTION 4. (1) A health care provider who performs or induces, or attempts to perform or induce, an abortion, shall report to the Oregon Health Authority in accordance with rules adopted by the authority. The report must include:

(a) If a determination of probable gestational age was made, the probable gestational age determined and the method and basis of the determination;

(b) If a determination of probable gestational age was not made or the probable gestational age was determined to be 20 or more weeks, the basis of the determination that a medical emergency existed;

(c) The method used for the abortion and, in the case of a termination performed when the probable gestational age was determined to be 20 or more weeks, the basis of the determination that

(A) Whether the method used was one that, in reasonable medical judgment, provided the best opportunity for the unborn child to survive; or

(B) If the method used did not provide the best opportunity for the unborn child to survive, the basis of the determination that termination of the pregnancy in that manner would pose a greater risk of the death of the pregnant person or of the substantial and irreversible physical impairment of a major bodily function of the person, other than psychological or emotional functions, than other available methods;

(d) Whether an intra-fetal injection was used in an attempt to induce fetal demise; and

(e) The age and race of the pregnant person on whom the abortion was performed or induced, or attempted to be performed or induced.

(2) The reports required by this section:

(a) May not include the name, address or other information that individually identifies the person whose pregnancy was terminated.

(b) Must include a unique medical record identifying number that correlates to the
person’s medical record.

(3)(a) Except as provided in paragraph (b) of this subsection, the reports submitted under this section are confidential and exempt from disclosure under ORS 192.311 to 192.478.

(b) The reports submitted under this section may be released:

(A) To the Attorney General or a district attorney with appropriate jurisdiction pursuant to a civil or criminal investigation; or

(B) Pursuant to a court order in an action brought under section 5 of this 2021 Act.

(4) The authority may adopt rules to carry out this section, including rules regarding the schedule on which a health care provider described in this section is required to submit the report described in this section.

SECTION 5. Intentional or reckless failure by a health care provider to meet the requirements of section 4 of this 2021 Act:

(1) Constitutes unprofessional conduct for purposes of ORS 677.190.

(2) May be the basis for disciplinary action under ORS 678.111.

(3) May be the basis for disciplinary action under ORS 685.110.

SECTION 6. (1) On or before June 30 of each year, the Oregon Health Authority shall issue a public report of statistics relating to abortion. The public report must include:

(a) Statistics for the previous calendar year compiled from the reports submitted under section 4 of this 2021 Act.

(b) Statistics for all previous calendar years in which reports were submitted under section 4 of this 2021 Act, adjusted to reflect any additional information from late or corrected reports.

(2) The authority may not include individually identifiable information in the public report.

SECTION 7. (1)(a) Except as provided in paragraph (b) of this subsection, a person upon whom an abortion has been performed or induced, or attempted to be performed or induced, in violation of section 2 or 3 of this 2021 Act, or the person responsible for the fertilization that resulted in the pregnancy that is the subject of the abortion, may maintain an action against the health care provider who performed or induced, or attempted to perform or induce, the abortion for actual and punitive damages.

(b) Damages may not be awarded under this subsection if the pregnancy described in paragraph (a) of this subsection was the result of criminal conduct by the person responsible for fertilization that resulted in the pregnancy described in this subsection.

(2) A cause of action for injunctive relief against a health care provider who intentionally or recklessly violates section 2 or 3 of this 2021 Act may be brought against the health care provider by:

(a) A person upon whom the abortion was performed or induced, or attempted to be performed or induced, if the person was not at least 18 years of age at the time of the abortion;

(b) The representative of a person upon whom the abortion was performed or induced, or attempted to be performed or induced, if the person died as a result of the abortion;

(c) The person responsible for the fertilization that resulted in the pregnancy of the person upon whom the abortion was performed or induced, or attempted to be performed or induced;

(d) A prosecuting attorney with competent jurisdiction; or
(e) The Attorney General.

(3) Injunctive relief may not be granted to the person responsible for fertilization that resulted in the pregnancy that is the subject of the abortion described in subsection (1)(a) of this section if the pregnancy is the result of criminal conduct by the person described in this subsection.

(4) If the plaintiff prevails in the action described in this section, the court shall also award reasonable attorney fees to the plaintiff.

(5) If the defendant prevails in the action described in this section, and the court finds that the action was frivolous and brought in bad faith, the court shall award attorney fees to the defendant.

SECTION 8. (1) In any action or proceeding brought under section 7 of this 2021 Act, the court shall determine whether the anonymity of a person upon whom an abortion was performed or attempted to be performed or induced, must be exempt from public disclosure under ORS 192.311 to 192.478 if the person does not consent to disclosure.

(2) If the court determines that the person’s anonymity must be preserved, the court shall issue orders to the parties, witnesses and counsel, direct the sealing of the record and order exclusion from the courtroom or hearing room all persons who are not parties, witnesses or counsel. The orders described in this subsection must be accompanied by written findings that explain why the person’s anonymity must be preserved, why the order is essential to that end, how the order is narrowly tailored to serve that interest and why no reasonable less-restrictive alternative exists.

(3) If the person described in subsection (1) of this section does not consent to disclose the person’s identity, any person other than a public official who brings an action under section 7 of this 2021 Act that is related to the person’s pregnancy shall bring the action under a pseudonym.

(4) This section shall not be construed to conceal the identity of the plaintiff or witnesses from the defendant or defendant’s counsel.

SECTION 9. ORS 677.190 is amended to read:

677.190. The Oregon Medical Board may refuse to grant, or may suspend or revoke a license to practice for any of the following reasons:

(1)(a) Unprofessional or dishonorable conduct.

(b) For purposes of this subsection, the use of an alternative medical treatment shall not by itself constitute unprofessional conduct. For purposes of this paragraph:

(A) “Alternative medical treatment” means:

(i) A treatment that the treating physician, based on the physician’s professional experience, has an objective basis to believe has a reasonable probability for effectiveness in its intended use even if the treatment is outside recognized scientific guidelines, is unproven, is no longer used as a generally recognized or standard treatment or lacks the approval of the United States Food and Drug Administration;

(ii) A treatment that is supported for specific usages or outcomes by at least one other physician licensed by the Oregon Medical Board; and

(iii) A treatment that poses no greater risk to a patient than the generally recognized or standard treatment.

(B) “Alternative medical treatment” does not include use by a physician of controlled substances in the treatment of a person for chemical dependency resulting from the use of controlled sub-
stances.

(2) Employing any person to solicit patients for the licensee. However, a managed care organization, independent practice association, preferred provider organization or other medical service provider organization may contract for patients on behalf of physicians.

(3) Representing to a patient that a manifestly incurable condition of sickness, disease or injury can be cured.

(4) Obtaining any fee by fraud or misrepresentation.

(5) Willfully or negligently divulging a professional secret without the written consent of the patient.

(6) Conviction of any offense punishable by incarceration in a Department of Corrections institution or in a federal prison, subject to ORS 670.280. A copy of the record of conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence of the conviction.

(7) Impairment as defined in ORS 676.303.

(8) Fraud or misrepresentation in applying for or procuring a license to practice in this state, or in connection with applying for or procuring registration.

(9) Making statements that the licensee knows, or with the exercise of reasonable care should know, are false or misleading, regarding skill or the efficacy or value of the medicine, treatment or remedy prescribed or administered by the licensee or at the direction of the licensee in the treatment of any disease or other condition of the human body or mind.

(10) Impersonating another licensee licensed under this chapter or permitting or allowing any person to use the license.

(11) Aiding or abetting the practice of medicine or podiatry by a person not licensed by the board, when the licensee knows, or with the exercise of reasonable care should know, that the person is not licensed.

(12) Using the name of the licensee under the designation “doctor,” “Dr.,” “D.O.” or “M.D.,” “D.P.M.,” “Acupuncturist,” “P.A.” or any similar designation in any form of advertising that is untruthful or is intended to deceive or mislead the public.

(13) Gross negligence or repeated negligence in the practice of medicine or podiatry.

(14) Incapacity to practice medicine or podiatry. If the board has evidence indicating incapacity, the board may order a licensee to submit to a standardized competency examination. The licensee shall have access to the result of the examination and to the criteria used for grading and evaluating the examination. If the examination is given orally, the licensee shall have the right to have the examination recorded.

(15) Disciplinary action by another state of a license to practice, based upon acts by the licensee similar to acts described in this section. A certified copy of the record of the disciplinary action of the state is conclusive evidence thereof.

(16) Failing to designate the degree appearing on the license under circumstances described in ORS 677.184 (3).

(17) Willfully violating any provision of this chapter or any rule adopted by the board, board order, or failing to comply with a board request pursuant to ORS 677.320.

(18) Failing to report the change of the location of practice of the licensee as required by ORS 677.172.

(19) Imprisonment as provided in ORS 677.225.

(20) Making a fraudulent claim.

(21)(a) Performing psychosurgery.
(b) For purposes of this subsection and ORS 426.385, “psychosurgery” means any operation designed to produce an irreversible lesion or destroy brain tissue for the primary purpose of altering the thoughts, emotions or behavior of a human being. “Psychosurgery” does not include procedures which may produce an irreversible lesion or destroy brain tissues when undertaken to cure well-defined disease states such as brain tumor, epileptic foci and certain chronic pain syndromes.

(22) Refusing an invitation for an informal interview with the board requested under ORS 677.415.

(23) Violation of the federal Controlled Substances Act.

(24) Prescribing controlled substances without a legitimate medical purpose, or prescribing controlled substances without following accepted procedures for examination of patients, or prescribing controlled substances without following accepted procedures for record keeping.

(25) Providing written documentation for purposes of ORS 475B.797 without having legitimately diagnosed a debilitating medical condition, as defined in ORS 475B.791, or without having followed accepted procedures for the examination of patients or for keeping records.

(26) Failure by the licensee to report to the board any adverse action taken against the licensee by another licensing jurisdiction or any peer review body, health care institution, professional or medical society or association, governmental agency, law enforcement agency or court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as described in this section.

(27) Failure by the licensee to notify the board of the licensee’s voluntary resignation from the staff of a health care institution or voluntary limitation of a licensee’s staff privileges at the institution if that action occurs while the licensee is under investigation by the institution or a committee thereof for any reason related to medical incompetence, unprofessional conduct, physical incapacity or impairment.

(28) Violation of section 2 or 3 of this 2021 Act.

SECTION 10. ORS 678.111 is amended to read:

In the manner prescribed in ORS chapter 183 for a contested case:

(1) Issuance of the license to practice nursing, whether by examination or by indorsement, of any person may be refused or the license may be revoked or suspended or the licensee may be placed on probation for a period specified by the Oregon State Board of Nursing and subject to such condition as the board may impose or may be issued a limited license or may be reprimanded or censured by the board, for any of the following causes:

(a) Conviction of the licensee of crime where such crime bears demonstrable relationship to the practice of nursing. A copy of the record of such conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence of the conviction.

(b) Gross incompetence or gross negligence of the licensee in the practice of nursing at the level for which the licensee is licensed.

(c) Any willful fraud or misrepresentation in applying for or procuring a license or renewal thereof.

(d) Fraud or deceit of the licensee in the practice of nursing or in admission to such practice.

(e) Impairment as defined in ORS 676.303.

(f) Conduct derogatory to the standards of nursing.

(g) Violation of any provision of ORS 678.010 to 678.448 or rules adopted thereunder.

(h) Revocation or suspension of a license to practice nursing by any state or territory of the United States, or any foreign jurisdiction authorized to issue nursing credentials whether or not that
license or credential was relied upon in issuing that license in this state. A certified copy of the
order of revocation or suspension shall be conclusive evidence of such revocation or suspension.
(i) Physical condition that makes the licensee unable to conduct safely the practice for which
the licensee is licensed.
(j) Violation of any condition imposed by the board when issuing a limited license.
(k) Violation of section 2 or 3 of this 2021 Act.
(2) A license may be denied or suspended or revoked for the reasons stated in subsection (1) of
this section.
(3) A license in inactive status may be denied or suspended or revoked for the reasons stated
in subsection (1) of this section.
(4) A license in retired status may be denied or suspended or revoked for any cause stated in
subsection (1) of this section.
SECTION 11. ORS 685.110 is amended to read:
685.110. The Oregon Board of Naturopathic Medicine may refuse to grant a license, may suspend
or revoke a license, may impose probation, may issue a letter of reprimand and
may impose a civil penalty not to exceed $5,000 for each offense for any of the following reasons:
(1) Using fraud or deception in securing a license.
(2) Impersonating another physician.
(3) Practicing naturopathic medicine under an assumed name.
(4) Performing an abortion.
(5) Being convicted of a crime involving moral turpitude.
(6) Any other reason that renders the applicant or licensee unfit to perform the duties of a
naturopathic physician.
(7) Being convicted of a crime relating to practice of naturopathic medicine.
(8) Committing negligence related to the practice of naturopathic medicine.
(9) Having an impairment as defined in ORS 676.303.
(10) Prescribing or dispensing drugs outside the scope of practice.
(11) Obtaining a fee through fraud or misrepresentation.
(12) Committing gross or repeated malpractice.
(13) Representing to a patient that a manifestly incurable condition of sickness, disease or injury
can be permanently cured.
(14) Engaging in any conduct or practice contrary to a recognized standard of ethics of the
profession or any conduct or practice that does or might constitute a danger to the health or safety
of a patient or the public or any conduct, practice or condition that does or might adversely affect
a physician's ability safely and skillfully to practice naturopathic medicine.
(15) Willfully and consistently utilizing any naturopathic service, X-ray equipment or treatment
contrary to recognized standards of practice of the naturopathic profession.
(16) Failing to notify the board within 30 days of a change in the location of practice or of
mailing address.
(17) Attempting to practice naturopathic medicine or practicing or claiming to practice
naturopathic medicine or any of its components in this state without first complying with the pro-
visions of this chapter.
(18) Having a license to practice naturopathic medicine in another jurisdiction suspended or
revoked.
(19) Employing unlicensed persons to practice naturopathic medicine.
(20) Practicing natural childbirth without first obtaining a certificate of special competency.
(21) Failing to respond in a timely manner to a request for information regarding a complaint or the investigation of a complaint by the board.
(22) Failing to pay a civil penalty in the time specified by the order imposing the penalty.
(23) Violating any provision of this chapter or rules adopted by the board.
(24) Violation of section 2 or 3 of this 2021 Act.

SECTION 12. Sections 1 to 8 of this 2021 Act and the amendments to ORS 677.190, 678.111 or 685.110 by sections 9 to 11 of this 2021 Act apply to abortions that are performed or induced, or attempted to be performed or induced, on or after the operative date of this 2021 Act.

SECTION 13. (1) Sections 1 to 8 of this 2021 Act and the amendments to ORS 677.190, 678.111 and 685.110 by sections 9 to 11 of this 2021 Act become operative on January 1, 2022.
(2) The Oregon Board of Naturopathic Medicine, the Oregon Health Authority, the Oregon Medical Board and the Oregon State Board of Nursing may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority and the boards to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority and the boards by sections 1 to 8 of this 2021 Act and the amendments to ORS 677.190, 678.111 and 685.110 by sections 9 to 11 of this 2021 Act.

SECTION 14. This 2021 Act takes effect on the 91st day after the date on which the 2021 regular session of the Eighty-first Legislative Assembly adjourns sine die.