### 2022 South Dakota Legislature

## House Bill 1318

AMENDMENT 1318A FOR THE INTRODUCED BILL

# An Act to prohibit medical abortion by telemedicine, to increase the penalty for the unlicensed practice of medicine when performing a medical abortion, and to declare an emergency.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

#### 5 Section 1. That § 36-4-8 be AMENDED:

36-4-8. Any person who practices medicine, osteopathy, or any of the branches
thereof without a license, certificate, or permit issued by the board is guilty of a Class 1
misdemeanor. Any person who practices medicine, osteopathy, or any of the branches
thereof without a license, certificate, or permit issued by the board and prescribes
thereof without a license, certificate, or permit issued by the board and prescribes
medicine in order to induce a medical abortion, as defined by section 4 of this Act, is guilty
of a Class 6 felony.

### 12 Section 2. That chapter 36-4 be amended with a NEW SECTION:

13For the purpose of inducing a medical abortion, a pregnant woman-mother may14only take the medications Mifepristone or Misoprostol up to nine weeks after conception.15Mifepristone and Misoprostol must be prescribed and dispensed by a licensed physician in16a licensed abortion facility consistent with chapter 34-23A and in compliance with the17applicable requirements in chapter 36-4.

A pregnant woman-mother may only take-be administered Mifepristone at a licensed abortion facility and only after-by the licensed physician who fully complied with all the provisions of § 34-23A-56, and first obtains, from the pregnant mother, all information required by § 34-23A-57 and her informed consent has been obtained pursuant to § 34-23A-10.1 and consistent with § 34-23A-56. A different physician may administer Mifepristone and take a signed consent from the pregnant mother only if expressly authorized pursuant to § 34-23A-57.

1	After taking Mifepristone and undergoing an observation period in the abortion				
2	facility, the pregnant woman-mother may return home.				
3	Between twenty-four and seventy-two hours after taking Mifepristone, if the				
4	pregnant woman-mother decides to continue with the medical abortion, the pregnant				
5	woman-mother must return to the licensed abortion facility to receive the proper amount				
6	of Misoprostol. A licensed physician shall dispense the Misoprostol to the pregnant woman				
7	mother in the same manner as required for Mifepristone under this section.				
8	Neither Mifepristone nor Misoprostol may be dispensed for the purpose of inducing				
9	a medical abortion in any manner contrary to this section.				
10	The abortion facility staff shall monitor the pregnant woman mother for				
11	complications for a medically necessary period following each administration of the				
12	abortion-inducing medications.				
13	The abortion facility staff shall schedule a follow-up appointment with the pregnant				
14	woman-mother to return to the abortion facility on the fourteenth day after taking the				
15	medication to confirm that the fetus, placenta, and membranes have been fully expelled.				
16	Section 3. That § 34-23A-34 be AMENDED:				
17	34-23A-34. The Department of Health shall prepare a reporting form for				
18	physicians which shall provide for the collection of the following information:				
19	(1) The month, day, and year of the induced abortion;				
20	(2) The method of abortion used for each induced abortion;				
21	(3) The approximate gestational age, in weeks, of the unborn child involved in the				
22	abortion;				
23	(4) The age of the mother at the time of the abortion and, if the mother was younger				
24	than sixteen years of age at the time the child was conceived, the age of the father,				
25	if known;				
26	(5) The specific reason for the induced abortion, including the following:				
27	(a) The pregnancy was a result of rape;				
28	(b) The pregnancy was a result of incest;				
29	(c) The mother could not afford the child;				
30	(d) The mother did not desire to have the child;				
31	(e) The mother's emotional health was at risk;				
32	(f) The mother would suffer substantial and irreversible impairment of a major				
33	bodily function if the pregnancy continued;				
34	(g) Other, which shall be specified;				
	(5),				

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1	(6)	Whether the induced abortion was paid for by:		
2		(a) Private insurance;		
3		(b) Public health plan;		
4		(c) Other, which shall be specified;		
5	(7)	Whether coverage was under:		
6		(a) A-fee-for-service insurance company;		
7		(b) A managed care company; or		
8		(c) Other, which shall be specified;		
9	(8)	A description of the complications, if any, for each abortion and for the aftermath		
10		of each abortion;		
11	(9)	The fee collected for performing or treating the abortion;		
12	(10)	The type of anesthetic, if any, used for each induced abortion;		
13	(11)	The method used to dispose of fetal tissue and remains;		
14	(12)	The specialty area of the physician;		
15	(13)	Whether the physician performing the induced abortion has been subject to license		
16		revocation or suspension or other professional sanction;		
17	(14)	The number of previous abortions the mother has had;		
18	(15)	The number of previous live births of the mother, including both living and		
19		deceased;		
20	(16)	The date last normal menses began for the mother;		
21	(17)	The name of physician performing the induced abortion;		
22	(18)	The name of hospital or physician office where the induced abortion was performed;		
23	(19)	A unique patient number that can be used to link the report to medical report for		
24		inspection, clarification, and correction purposes but that cannot, of itself,		
25		reasonably lead to the identification of any person obtaining an abortion;		
26	(20)	Certain demographic information including:		
27		(a) State, county, and city of occurrence of abortion;		
28		(b) State, county, and city of residence of mother;		
29		(c) Marital status of mother;		
30		(d) Education status of mother;		
31		(e) Race of mother;		
32	(21)	Certain Rhesus factor (Rh) information including:		
33		(a) Whether the mother received the Rh test;		
34		(b) Whether the mother tested positive for the Rh-negative factor;		
35		(c) Whether the mother received a Rho(D) immune globulin injection;		

1	(22) The se	ex of the unborn child and the following information:
2	(a)	Whether the pregnant mother used a sex-determining test;
3	(b)	What type of sex-determining test the pregnant mother used; and
4	(c)	The approximate gestational age of the unborn child, in weeks, when the test
5		was taken;
6	(23) The po	ost-fertilization age of the unborn child and the following information:
7	(a)	How the post-fertilization age was determined or if a determination was not
8		made, the basis of the determination that an exception existed;
9	(b)	Whether an intra-fetal injection was used in an attempt to induce fetal
10		demise;
11	(c)	If the unborn child was deemed capable of experiencing pain, pursuant to
12		§ 34-23A-70, the basis of the determination that it is a medical emergency;
13	(d)	If the unborn child was deemed capable of experiencing pain pursuant to
14		§ 34-23A-70, whether the method of the abortion used was that, in
15		reasonable medical judgment, provided the best opportunity for the unborn
16		child to survive and, if such a method was not used, the basis of the
17		determination that termination of the pregnancy in that manner would pose
18		a greater risk either of the death of the pregnant woman mother or of the
19		substantial and irreversible physical impairment of a major bodily function,
20		not including a psychological or emotional condition, of the woman mother
21		than other available methods <del>.</del> ;
22	<u>(24) The f</u>	ollowing information concerning the performance of a medical abortion:
23	<u>(a)</u>	Any complication that requires medical follow-up;
24	<u>(b)</u>	The medical follow-up that was required resulting from any complication;
25	<u>(c)</u>	The facility where the medical follow-up was performed; and
26	<u>(d)</u>	If the pregnant woman-mother was sex trafficked.
27	Section 4 Sec	tions 2 and 3 of this Act are effective on the date there is no longer an
27		enting enforcement of the procedures detailed in sections 2 and 3, provided
20		al is pending or can be made.
25		and pending of can be made.
30	Section 5. Tha	t chapter 36-4 be amended with a NEW SECTION:
31	<u>For th</u>	ne purposes of this Act, the term, medical abortion, means a procedure that
32	<u>uses medica</u>	tion to intentionally terminate the life of a human being in the uterus, and

33 does not mean a procedure for the management of a miscarriage.

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