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2021 South Dakota Legislature

915

House Bill 1051

HOUSE ENGROSSED

Introduced by: Representative Deutsch

- 1 An Act to maintain the life of any child born alive.
- 2 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:
- 3 **Section 1.** That § 34-23A-16.1 be AMENDED.
 - 34-23A-16.1. Child born alive--Preservation of life and health.

All persons born alive, whether in the course of an abortion procedure or not, shall have the same rights to medical treatment and other necessary health care.

The same means and medical skills and treatment provided a child born alive consistent with accepted standards of medical practice for treatment of a child at that child's particular stage of gestation must be employed and provided to every child born alive immediately following an abortion or an attempted abortion. This obligation applies to every physician who performs or attempts to perform an abortion that results in a child being born alive. Such physician has a physician-patient relationship with that child under the laws of this state, with all of the duties that attend that relationship. Among the duties of such physician is the duty to ensure that the child is immediately admitted to a hospital, consistent with accepted standards of medical practice.

For purposes of this section, born alive means the complete expulsion or extraction of a human being from its mother, at any stage of gestation, if after the expulsion or extraction, and regardless of whether the umbilical cord has been cut, that human being:

- (1) Breathes;
- (2) Has a beating heart;
- 21 (3) Has pulsation of the umbilical cord; or
- 22 (4) Has definite movement of voluntary muscles.
- 23 **Section 2.** That a NEW SECTION be added:

34-23A-16.2. Abortion--Child born alive--Civil and disciplinary action.

In addition to the damages recoverable under §§ 34-23A-60 and 34-23A-61, a mother upon whom an abortion is performed or attempted to be performed, whose child is born alive, may obtain money damages for any psychological injury the mother sustained where the physician's negligence in caring for the child following birth was a significant contributing factor in causing her psychological injury.

The child born alive has a cause of action against the physician, the physician's agents, and the abortion facility, for any physical or psychological injury, or both, for any injuries sustained during and as a result of the abortion, and for any additional physical or psychological injury, or both, where the negligence of the physician, the physician's agents, and the abortion facility, in the medical care following birth, was a significant contributing factor.

The money damages for any claim brought pursuant to this section must include all traditionally recognized compensatory and punitive damages recoverable under the laws of this state and punitive damages for intentional disregard for the standard imposed by § 34-23A-16.1 and for reasonable attorney's fees.

A physician who fails to meet the requirements of § 34-23A-16.1 is liable to the state for a civil penalty of ten thousand dollars for each offense. The attorney general may bring an action to recover that civil penalty and, if successful, shall be awarded reasonable attorney's fees.

A licensed physician, licensed agent, and licensed abortion facility who or that fails to comply with the requirements of § 34-23A-16.1, must be reported to the South Dakota Board of Medical and Osteopathic Examiners and that may form the grounds for sanctions, including suspension of the physician's license and, where appropriate, revocation of such license.

Any person having knowledge of a failure to meet the requirements of § 34-23A-16.1 may report the failure to the attorney general and, upon request, that person's identity must remain confidential.

Nothing in § 34-23A-16.1 may be construed to hold the mother of the child born alive criminally or civilly liable for consenting to an abortion, or for the acts of the physician, the physician's agents, or the abortion facility for violation of § 34-23A-16.1 following the child being born alive.

Section 3. That § 34-23A-19 be AMENDED.

1	3	4-23A-19. Performance of abortionRequired reportsRules.
2		Any facility or physician performing abortions in this state shall-report to the state
3	depa	rtment of health as follows forward to the Department of Health:
4	(1)	Total The number of abortions performed;
5	(2)	Method-The method of abortion used in each abortion performed;
6	(3)	Complete pathology reports giving-including the period of gestation of fetuses, the
7		presence of abnormality, and $\underline{\text{the}}$ measurements of fetuses, if the facility where the
8		abortion is performed is so-equipped to complete such the reports;
9	(4)	Numbers The number of maternal deaths due directly or indirectly to abortions;
10	(5)	Reports of all follow-up, including short- <u>term</u> and long-term complications <u>due to</u>
11		abortion in the female due to abortion who received an abortion;
12	(6)	Other-The number of infants who survived an attempted abortion;
13	<u>(7)</u>	Medical action taken to preserve the life of an aborted child born alive;
14	<u>(8)</u>	The outcome for an aborted child born alive, including the child's survival, death,
15		and location of death, if known; and
16	<u>(9)</u>	Any other information required by the regulations issued by the department
17		pursuant to, as authorized by this section.
18	N	o report made under this section shall-may include the name of any female receiving
19	who received an abortion.	
20	Т	he Department of Health may shall promulgate rules pursuant to, in accordance with

The Department of Health may shall promulgate rules pursuant to, in accordance with chapter 1-26, to provide for the reporting of such acquire the necessary information concerning abortion as will enable the department to provide complete reporting to the centers for disease control of the public health services in the United States Department of Health and Human Services for the department's report, to the Centers for Disease Control and Prevention, of all abortion-related data, as recommended by the centers for disease control recommend be reported to them by states.