

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Appropriations

BILL: CS/CS/SB 1636

INTRODUCER: Judiciary Committee; Health Policy Committee; and Senator Flores

SUBJECT: Infants Born Alive

DATE: April 24, 2013 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Stovall	HP	Fav/CS
2.	Munroe	Cibula	JU	Fav/CS
3.	Brown	Hansen	AP	Favorable
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE..... Statement of Substantial Changes

B. AMENDMENTS..... Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

I. Summary:

CS/CS/SB 1636 amends chapter 390, Florida Statutes, relating to termination of pregnancies.

The bill may have indeterminate negative fiscal impact.

The bill:

- Creates a definition of “born alive;”
- Grants an infant who is born alive during or immediately after an attempted abortion the same rights as infants born naturally;
- Requires healthcare professionals to apply the same level of care towards the infant born alive as they would for an infant born naturally of the same gestational age;
- Requires that the infant born alive as part of an attempted abortion be immediately transported and admitted to a hospital;
- Requires health care practitioners to report violations to the Department of Health (DOH);
- Causes violations of these requirements to be punishable as a first degree misdemeanor; and
- Requires facilities that perform abortions to report monthly the number of infants born alive to the Agency for Health Care Administration (AHCA).

The bill has an effective date of July 1, 2013.

The bill substantially amends the following sections of the Florida Statutes: 390.011, 390.0111, and 390.0112.

II. Present Situation:

Case Law on Abortion

In 1973, the foundation of modern abortion jurisprudence, *Roe v. Wade*, was decided by the U.S. Supreme Court.¹ Using strict scrutiny, the Court determined that a woman's right to terminate a pregnancy is part of a fundamental right to privacy guaranteed under the Due Process Clause of the Fourteenth Amendment of the U.S. Constitution.² Further, the Court reasoned that state regulation limiting the exercise of this right must be justified by a compelling state interest, and must be narrowly drawn.³ The Court established the trimester framework for the regulation of termination – holding that in the third trimester, a state could prohibit termination to the extent that the woman's life or health was not at risk.⁴

In *Planned Parenthood v. Casey*, the U.S. Supreme Court, while upholding the fundamental holding of *Roe*, recognized that medical advancement could shift determinations of fetal viability away from the trimester framework.⁵

Abortion in Florida

Article I, Section 23 of the State Constitution provides an express right to privacy. The Florida Supreme Court has recognized the Florida's constitutional right to privacy "is clearly implicated in a woman's decision whether or not to continue her pregnancy."⁶

In *In re T.W.*, the Florida Supreme Court determined that:

[p]rior to the end of the first trimester, the abortion decision must be left to the woman and may not be significantly restricted by the state. Following this point, the state may impose significant restrictions only in the least intrusive manner designed to safeguard the health of the mother. Insignificant burdens during either period must substantially further important state interests. . . . Under our Florida Constitution, the state's interest becomes compelling upon viability. . . . Viability under Florida law occurs at that point in time when the fetus becomes capable of meaningful life outside the womb through standard medical procedures.

¹ 410 U.S. 113 (1973).

² *Id.*

³ *Id.*

⁴ *Id.*

⁵ 505 U.S. 833 (1992).

⁶ See *In re T.W.*, 551 So. 2d 1186, 1192 (Fla. 1989)(holding that a parental consent statute was unconstitutional because it intrudes on a minor's right to privacy).

The Florida Supreme Court recognized that after viability, the state can regulate termination in the interest of the unborn child so long as the mother's health is not in jeopardy.⁷

Under Florida law, abortion is defined as the termination of a human pregnancy with an intention other than to produce a live birth or to remove a dead fetus.⁸ A termination of pregnancy must be performed by a physician⁹ licensed under ch. 458, F.S., or ch. 459, F.S., or a physician practicing medicine or osteopathic medicine in the employment of the United States.¹⁰

A termination of pregnancy may not be performed in the third trimester unless there is a medical emergency.¹¹ Florida law defines the third trimester to mean the weeks of pregnancy after the 24th week.¹² A medical emergency is a situation in which:

- To a reasonable degree of medical certainty, the termination of pregnancy is necessary to save the life or preserve the health of the pregnant woman¹³ and is a condition that, on the basis of a physician's good faith clinical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate termination of her pregnancy to avert her death; or
- In the good faith clinical judgment of the physician, a delay in the termination of the pregnant woman's pregnancy will create serious risk of substantial and irreversible impairment of a major bodily function.¹⁴

Section 390.0111(4), F.S., provides that if a termination of pregnancy is performed during viability, the person who performs or induces the termination of pregnancy must use that degree of professional skill, care, and diligence to preserve the life and health of the fetus, which such person would be required to exercise in order to preserve the life and health of any fetus intended to be born and not aborted. Viability is defined in this provision to mean that stage of fetal development when the life of the unborn child may with a reasonable degree of medical probability be continued indefinitely outside the womb. However, the woman's life and health constitute an overriding and superior consideration to the concern for the life and health of the fetus when such concerns are in conflict.

Born Alive

The federal Born Alive Infants Protection Act (BAIPA) of 2002 states that in determining the meaning of any act of Congress or of any ruling, regulation, or interpretation of the various federal administrative bureaus and agencies, the words "person," "human being," "child," and "individual" shall include every infant member of the species homo sapiens who is born alive at any stage of development.¹⁵ The BAIPA defined "born alive" as:

⁷ *Id.*

⁸ Section 390.011(1), F.S.

⁹ Section 390.0111(2), F.S.

¹⁰ Section 390.011(7), F.S.

¹¹ Section 390.0111(1), F.S.

¹² Section 390.011(7), F.S.

¹³ Section 390.0111(1)(a), F.S.

¹⁴ Section 390.01114(2)(d), F.S.

¹⁵ 1 U.S.C. 8(a).

the complete expulsion or extraction from his or her mother of that member, at any stage of development, who after such expulsion or extraction breathes or has a beating heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, regardless of whether the umbilical cord has been cut, and regardless of whether the expulsion or extraction occurs as a result of natural or induced labor, cesarean section or induced abortion.¹⁶

The BAIPA was initially viewed as a symbolic act which did not alter the treatment that physicians already provided to extremely premature infants.¹⁷ A change occurred in 2005 when the U.S. Department of Health and Human Services (HHS) issued a program instruction to state and territorial agencies administering or supervising the administration of the federal Child Abuse Prevention and Treatment Act (CAPTA) Program. The program instruction stated that regulations affected by the BAIPA were to be enforced under CAPTA.¹⁸ Specifically, states must ensure that implementation of section 106(b)(2)(B) of CAPTA, which requires states to have procedures for responding to reports of medical neglect (including the withholding of medically indicated treatment from disabled infants with life-threatening conditions), applies to born-alive infants.¹⁹ This created an obligation to provide medical services to a born-alive infant as well as an obligation to report when such treatment is withheld.²⁰ Thus, the failure to provide medical services to a born-alive infant may subject a physician to criminal neglect and abuse charges under applicable state law.²¹ However, since the applicable portions of CAPTA do not have specific provisions requiring the prosecution of child abusers, it is unclear whether BAIPA would apply to the prosecution of physicians who do not treat infants born alive under Florida's child abuse laws.

The federal Emergency Medical Treatment and Labor Act (EMTALA) places potential provider obligations on hospitals and physicians when presented with an individual who may have an emergency medical condition, irrespective of that individual's ability to pay.²² The federal Centers for Medicare and Medicaid Services (CMS), a division of the HHS, issued its "Guidance on the interaction of the BAIPA and the EMTALA" in 2005. According to the CMS, born-alive infants as "individuals" were entitled to protection under the EMTALA.²³ Thus, individuals who

¹⁶ 1 U.S.C. 8(b).

¹⁷ Am. Acad. of Ped. Neonatal Resuscitation Prog. Steering Comm., *Born-Alive Infants Protection Act of 2001*, Public Law No. 107-207, 111 PEDIATRICS 680 (Mar. 2003).

¹⁸ U.S. Department of Health and Human Services, Administration of Children, Youth and Families- Program Instruction; Log No- ACYF-CB-PI-05-01; Issuance Date- April 22, 2005.

¹⁹ *Id.*

²⁰ Conway, Craig, *What Will Become of the Born-Alive Infants Protection Act?* [www.law.uh.edu/healthlaw/perspectives/2009/\(CC\)%20BAIPA.pdf](http://www.law.uh.edu/healthlaw/perspectives/2009/(CC)%20BAIPA.pdf) (last visited on April 5, 2013).

²¹ Hermer, Laura, *The "Born-Alive Infants Protection Act" and its Potential Impact on Medical Care and Practice.* [www.law.uh.edu/healthlaw/perspectives/2006/\(LH\)BAIPA.pdf](http://www.law.uh.edu/healthlaw/perspectives/2006/(LH)BAIPA.pdf) (last visited on April 5, 2013).

²² See Sadath A. Sayeed, *Baby Doe Redux? The Department of Health and Human Services and the Born-Alive Infants Protection Act of 2002: A Cautionary Note on Normative Neonatal Practice*, 116:4 PEDIATRICS e576 (Oct. 2005). <http://pediatrics.aappublications.org/content/116/4/e576.full.pdf+html> (last visited on April 5, 2013).

²³ *Id.*

failed to provide stabilizing treatment to a born-alive infant may be subject to penalties under the EMTALA.²⁴

Voluntary Surrender of Infants

Florida law provides for the treatment and protection of a surrendered newborn.²⁵ Under Florida law, a “newborn infant” means a child who a licensed physician reasonably believes is approximately seven days old or younger at the time the child is left at a hospital, emergency medical services (EMS) station, or a fire station.²⁶ Hospitals are authorized to admit and provide all necessary services and care to a surrendered new born infant.²⁷ Likewise, EMS technicians, paramedics, and firefighters are also authorized to render EMS to a newborn infant.²⁸ However, EMS technicians, paramedics, and firefighters have a secondary obligation of arranging for the immediate transport of the newborn infant to a hospital for admittance.²⁹

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 390.011, F.S., to define “born alive” as the complete expulsion or extraction from the mother of a human infant, at any stage of development, who, after such expulsion or extraction, breathes or has a beating heart, or definite and voluntary movement of muscles, regardless of whether the umbilical cord has been cut and regardless of whether the expulsion or extraction occurs as a result of natural or induced labor, Cesarean section, induced abortion, or other method.

Section 2 of the bill amends s. 390.0111, F.S., to:

- Grant an infant who is born alive during or immediately after an attempted abortion the same rights as infants born naturally;
- Require healthcare professionals to apply the same level of skill, care, and diligence towards the infant as they would for an infant born naturally at the same gestational age;
- Require that the infant born alive during or immediately after an attempted abortion be immediately transported and admitted to a hospital;³⁰
- Require health care practitioners and employees of hospitals, physician’s offices, and abortion clinics with knowledge of a violation of these provisions to report the violation to the DOH;
- Cause violations of these requirements to be punishable as a first degree misdemeanor;
- Clarify that these provisions do not preclude the prosecution of a more general offense; and
- Clarify that these provisions do not affirm, deny, expand, or contract any legal status or legal right applicable to any member of the species homo sapiens at any point prior to being born alive.

²⁴ *Id.* at n. 21.

²⁵ Section 383.50, F.S.

²⁶ Section 383.50(1), F.S.

²⁷ Section 383.50(4), F.S.

²⁸ Section 383.50(3)(a), F.S.

²⁹ Section 383.50(3)(b), F.S.

³⁰ Pursuant to s. 390.012(3)(c), F.S., which requires abortion clinics to designate a medical director who is a physician with privileges at a licensed hospital or has a transfer agreement with a licensed hospital in place.

Section 3 of the bill amends s. 390.0112, F.S., to require medical facilities that terminate pregnancies to add the number of infants born alive during or immediately after an attempted abortion to a monthly report of all abortions currently required to be reported to the AHCA.

Section 4 of the bill provides an effective date of July 1, 2013.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may have an indeterminate negative fiscal impact on hospitals by requiring that hospitals provide for medical care for infants who fall under the definition of “born alive” if such care becomes classified as uncompensated charity care.³¹

C. Government Sector Impact:

The bill may have an indeterminate negative fiscal impact on the state if infants who fall under the definition of “born alive” are transported to hospitals under the bill and become enrolled in Medicaid or if such infants are provided other social services by the state.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

³¹ See s. 409.911(1)(c), F.S.

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS/CS by Judiciary on April 15, 2013:

The CS corrects a cross-reference to the definition of the term “born alive.”

CS by Health Policy on April 9, 2013:

The CS:

- Clarifies that practitioners must exercise the same efforts to preserve the life and health of an infant born alive as they would for a infant born naturally at the same gestational age;
- Removes provisions related to the presumed surrender of the infant upon transportation to a hospital.
- Clarifies that the provisions in the section 2 of the bill do not preclude prosecution of more general provisions of law.
- Clarifies that the provisions in section 2 of the bill do not affect the legal status or legal rights of the species homo sapiens at any point prior to being born alive.
- Requires health care facilities performing abortions to include the number of infants born alive during or immediately after an attempted abortion in the monthly report of abortions submitted to the AHCA.

- B. **Amendments:**

None.