Abortion Reporting Requirement Act

Sponsored by Senator Florence Shapiro and Representative Geanie Morrison

Current Policy in Texas

- Abortion complications are categorized as pregnancy-related complications, thereby skewing the statistics about the dangers and risks of pregnancy and childbirth.
- The current reporting requirements are not enforced, resulting in information gaps on abortion and pregnancy in Texas.

Source: Section 245.011 of the Texas Health and Safety Code

The Abortion Reporting Requirement Act will

- inform women that they cannot be coerced to undergo an abortion;
- offer doctors a way to identify and help women who are abused or coerced;
- collect demographic data on abortions;
- require separate reporting for medical complications caused by an abortion; and
- determine how many women feel abortion is their only choice due to economic pressure.

Legislative Purpose

- To improve the relevancy and accuracy of abortion statistics in Texas
- To protect women who are victims of domestic violence
- To establish a manner by which the state can assess where outreach programs for pregnant women are most needed, especially low-income, pregnant women
- To ensure that abortions are held to the same medical standards as other medical procedures

Abortion Reporting in the USA

9 states require that a reason for the abortion be reported.

30 states require reporting of abortion-related complications.

46 states, plus New York City, require the reporting of an induced abortion.

For more information, contact Texas Right to Life's Legislative Staff:
Elizabeth Graham 713.299.4297 • Adam Black 281.658.9842 • Shane Williams 281.851.8796 • John Seago 936.672.0233

6776 Southwest Freeway, Suite 430 • Houston, TX 77074
Tel: 713.782.LIFE • Fax: 713.952.2041 • TexasRightToLife.com

The anonymity of the patient and the doctor is protected at all times.

Proposed Reporting Form

ABORTION REPORT
DEPARTMENT OF STATE HEALTH SERVICES

WHITE SECTION TO BE COMPLETED BY PATIENT:

1. AGE	2. RACE/ETHNICITY	3. MARITAL STATUS	4. RESIDENCE – MUNICIPALITY	5. RESIDENCE – COUNTY

6. RESIDENCE – STATE

7. NATION OF RESIDENCE

8. AGE OF FATHER OF UNBORN CHILD

9. SPECIFIC REASON(S) FOR INDUCED ABORTION
- A. ___ I FEEL COERCED, PERSSURED, OR FORCED TO HAVE THE ABORTION.
- B. ___ I HAVE ALL THE CHILDREN I WANT.
- C. ___ I CANNOT AFFORD THE CHILD.
- D. ___ I DO NOT DESIRE THE CHILD.
- E. ___ THE UNBORN CHILD HAS DIAGNOSED DOCUMENTED HEALTH PROBLEMS.
- F. ___ THE FATHER OF THE CHILD OPPOSES THE PREGNANCY.
- G. ___ MY PARENT(S) OPPOSES THE PREGNANCY.
- H. ___ I FEAR LOSS OF FAMILY SUPPORT.
- I. ___ I FEAR LOSING MY JOB.
- J. ___ A SCHOOL COUNSELOR RECOMMENDS ABORTION.
- K. ___ A PHYSICIAN RECOMMENDS ABORTION.
- L. ___ MY PREGNANCY IS A RESULT OF RAPE.
- M. ___ MY PREGNANCY IS A RESULT OF INCEST.
- N. ___ I DO NOT WISH TO COMPLETE THIS SECTION.

NUMBER OF PREVIOUS PREGNANCIES:
- 10. ______ ENDING IN LIVE BIRTHS
- 11. ______ TERMINATED BY INDUCED ABORTION
- 12. ______ ENDING IN MISCARRIAGE OR SPONTANEOUS ABORTION

14. REFERRED TO FACILITY BY
- A. ___ PHYSICIAN
- B. ___ SELF (TV, RADIO, ETC.)
- C. ___ FRIEND OR FAMILY
- D. ___ CLERGY
- E. ___ SCHOOL COUNSELOR
- F. ___ SOCIAL SERVICES AGENCY
- G. ___ HEALTH DEPARTMENT
- H. ___ FAMILY PLANNING AGENCY
- I. ___ OTHER (SPECIFY)

15. I WAS OFFERED TO VIEW THE "WOMAN'S RIGHT TO KNOW" INFORMATION
A. ___ YES B. ___ NO

16. IF YES, I CHOSE
- A. ___ TO VIEW THE INFORMATION ON THE INTERNET.
- B. ___ TO VIEW THE INFORMATION IN BOOKLET FORM.

GRAY SECTION MUST BE COMPLETED BY THE ATTENDING PHYSICIAN:

1. NAME OF LICENSED FACILITY AT WHICH ABORTION WAS PERFORMED	2. LICENSED FACILITY– MUNICIPALITY	3. LICENSED FACILITY– COUNTY

4. TYPE OF LICENSED FACILITY WHERE ABORTION WAS PERFORMED
- A. ___ ABORTION FACILITY
- B. ___ PRIVATE LICENSED PHYSICIAN'S OFFICE
- C. ___ LICENSED HOSPITAL
- D. ___ HOSPITAL SATELLITE CLINIC
- E. ___ AMBULATORY SURGICAL CLINIC

5. THE SIGNATURE, AREA OF SPECIALTY AND LICENSE NUMBER OF PHYSICIAN (MUST BE SIGNED BY THE PHYSICIAN PERFORMING THE ABORTION)

SIGNATURE: ______________________ AREA OF SPECIALTY ______________

LICENSE NUMBER: ______________________

6. TYPE OF ABORTION PROCEDURE
- A.___ NON-SURGICAL ABORTION (SPECIFY) ______________
- B.___ SUCTION AND CURETTAGE
- C.___ DILATION AND CURETTAGE
- D.___ DILATION AND EVACUATION
- E.___ LABOR AND INDUCTION
- F.___ DILATION AND EXTRACTION
- G.___ HYSTEROTOMY/HYSTERECTOMY
- G. ___ OTHER (SPECIFY): ______________

7. DATE OF ABORTION ___/___/_____

8. DID THE WOMAN SURVIVE THE ABORTION?
A. ___ YES B. ___ NO

9. IF NO, THE CAUSE OF DEATH

10. WEEKS OF GESTATIONS

11. METHOD USED TO VERIFY PREGNANCY OF WOMAN
- A. ___ URINE TEST
- B. ___ CLINICAL LAB TEST
- C. ___ ULTRASOUND
- D. ___ NOT TESTED
- F. ___ OTHER (SPECIFY)

12. METHOD OF PAYMENT
- A. ___ SELF PAY
- B. ___ PRIVATE INSURANCE
- C. ___ PUBLIC HEALTH PLAN

13. INSURANCE COVERAGE
- A. ___ FEE-FOR-SERVICE
- B. ___ MANAGED CARE
- C. ___ NO COVERAGE
- D. ___ OTHER (SPECIFY)

17. METHOD OF DISPOSAL OF FETAL TISSUE AND REMAINS

14. TOTAL AMOUNT OF FEES COLLECTED

13. IF THE INFANT WAS BORN ALIVE, WAS LIFE-SUSTAINING MEASURES PROVIDED TO THE INFANT?
A. ___ YES B. ___ NO

14. HOW LONG DID THE INFANT SURVIVE?

15. TYPE OF ANESTHETIC, IF ANY USED FOR THE WOMAN

16. TYPE OF ANESTHETIC, IF ANY USED FOR THE CHILD

18. ABORTION COMPLICATIONS
- A. ___ NONE
- B. ___ SHOCK
- C. ___ UTERINE PERFORATION
- D. ___ CERVICAL LACERATION
- E. ___ HEMORRHAGE
- F. ___ ASPIRATION/ALLERGIC RESPONSE
- G. ___ INFECTION/SEPSIS
- H. ___ BORN ALIVE INFANT
- I. ___ DEATH OF MOTHER
- J. ___ OTHER (SPECIFY)

TO BE COMPLETED ONLY IF THE PATIENT IS UNDER 18 YEARS OF AGE:

1. THE PARENT, GUARDIAN, OR MANAGING CONSERVATOR CONSENTED:
- A. ___ IN PERSON AT THE TIME OF THE ABORTION
- B. ___ AT A PLACE OTHER THAN THE LOCATION WHERE THE ABORTION WAS PERFORMED
- C. ___ NO CONSENT WAS OBTAINED

2. INSUFFICIENT TIME TO OBTAIN CONSENT DUE TO
- A. ___ SERIOUS RISK OF IMPAIRMENT
- B. ___ DEATH
- C. ___ NOT APPLICABLE

3. WAS THE MINOR EMANCIPATED?
A. ___ YES B. ___ NO

4. WAS JUDICIAL AUTHORIZATION RECEIVED?
A. ___ YES B. ___ NO

5. IF FATHER OF THE UNBORN CHILD IS THREE OR MORE YEARS OLDER THAN THE WOMAN, WAS SEXUAL ABUSE REPORTED?
A. ___ YES B. ___ NO

6. IF JUDICIAL AUTHORIZATION WAS RECEIVED, THE PROCESS THE PHYSICIAN OR THE PHYSICIAN"S AGENT USED TO INFORM THE WOMAN OF THE JUDICIAL BYPASS, WHETHER COURT FORMS WERE PROVIDED TO HER, AND WHAT ENTITY MADE THE COURT ARRANGEMENT FOR THE MINOR

THE FACILITY MUST PROVIDE THE PATIENT WITH A COPY OF THIS REPORT FOR HER PERSONAL MEDICAL FILES.

> "If accurate abortion data are as necessary to policymaking as recent debate suggests, steps need to be taken to bolster the existing systems. Doing so first requires further research into the limitations of the current systems and data, and a significant will to improve state-level data collection and management."
>
> *The Guttmacher Institute (funded by Planned Parenthood Federation of America)*