

**House File 2210 - Introduced**

HOUSE FILE 2210

BY SALMON and BODEN

**A BILL FOR**

1 An Act relating to abortion complications and statistical  
2 reporting, and providing penalties.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 146F.1 Definitions.

2 For the purposes of this chapter, unless the context  
3 otherwise requires:

4 1. "*Abortion*" means the act of using or prescribing any  
5 instrument, medicine, drug, or any other substance, device, or  
6 means with the intent to terminate the clinically diagnosable  
7 pregnancy of a woman with knowledge that the termination by  
8 those means will, with reasonable likelihood, cause the death  
9 of the unborn child. Such use, prescription, or means is  
10 not an abortion if done with the intent to save the life or  
11 preserve the health of an unborn child, remove a dead unborn  
12 child caused by spontaneous abortion, or remove an ectopic  
13 pregnancy. For purposes of data collected pursuant to section  
14 144.29A and used for the public dashboard created in section  
15 146F.4, "*abortion*" includes an induced termination of pregnancy  
16 as defined in section 144.29A.

17 2. "*Complication*" means any adverse physical or  
18 psychological condition arising from an abortion.

19 3. "*Department*" means the department of public health.

20 4. "*Gestational age or probable gestational age*" means the  
21 age of the unborn child as calculated from the first day of the  
22 last menstrual period of the pregnant woman.

23 5. "*Health care provider*" means an individual licensed  
24 under chapter 148, 148C, 148D, 152, or 152E, or any individual  
25 who provides medical services under the authorization of the  
26 licensee.

27 6. "*Medical facility*" means the same as defined in section  
28 146B.1.

29 7. "*Physician*" means a person licensed under chapter 148  
30 to practice medicine and surgery or osteopathic medicine and  
31 surgery in this state.

32 8. "*Pregnant*" means the female reproductive condition of  
33 having an unborn child in the woman's uterus.

34 9. "*Spontaneous termination of pregnancy*" means the same as  
35 defined in section 144.29A.

1 10. "Unborn child" means the same as defined in section  
2 146B.1.

3 Sec. 2. NEW SECTION. 146F.2 Abortion complications —  
4 reporting requirements.

5 1. A health care provider or medical facility that provides  
6 care to a woman who reports any complication, requires medical  
7 treatment, or suffers death that the health care provider or  
8 medical facility has reason to believe is a primary, secondary,  
9 or tertiary result of an abortion shall file a written report  
10 with the department. The report shall be completed and signed  
11 by the health care provider or medical facility that attended  
12 the woman and shall be transmitted to the department within  
13 thirty days of the death of the woman or of discharge of the  
14 woman reporting or being treated for the complication. The  
15 reports submitted shall comply with section 146F.3.

16 2. Each report of a complication, medical treatment, or  
17 death following an abortion required under this section shall  
18 contain, at a minimum, all of the following information:

19 a. The age of the woman.

20 b. The race and ethnicity of the woman.

21 c. The woman's county of residence, if in this state;  
22 the woman's state of residence, if not in this state; or, if  
23 the woman is not a citizen of the United States, the woman's  
24 country of origin.

25 d. The number of the woman's prior pregnancies, live births,  
26 spontaneous terminations of pregnancy, and abortions.

27 e. The date the abortion was performed, as well as the  
28 reason for the abortion and the method used, if known.

29 f. Identification of the physician who performed the  
30 abortion, the medical facility where the abortion was  
31 performed, and the referring physician, agency, or service, if  
32 any.

33 g. The specific complication that led to the treatment  
34 or death including but not limited to failure to actually  
35 terminate the pregnancy, missed ectopic pregnancy, uterine

1 perforation, cervical perforation, incomplete abortion  
2 (retained tissue), bleeding, infection, hemorrhage, blood  
3 clots, cardiac arrest, respiratory arrest, pelvic inflammatory  
4 disease, damage to pelvic organs, endometritis, renal failure,  
5 metabolic disorder, shock, embolism, free fluid in the  
6 abdomen, acute abdomen, adverse reaction to anesthesia or  
7 other drugs, hemolytic reaction due to the administration of  
8 ABO-incompatible blood or blood products, hypoglycemia where  
9 the onset occurred while the woman was being cared for in the  
10 medical facility where the abortion was performed, physical  
11 injury associated with therapy performed in the medical  
12 facility where the abortion was performed, coma, death, and  
13 psychological or emotional complications including but not  
14 limited to depression, suicidal ideation, anxiety, and sleep  
15 disorders.

16 *h.* The amount billed for the costs of treatment of the  
17 specific complication, including whether the treatment was  
18 billed to public health insurance including Medicaid, private  
19 health insurance, self-pay including not being billed to  
20 private health insurance, or other payment source. The amount  
21 billed shall include charges for any physician, hospital,  
22 emergency room, prescription or other drugs, laboratory tests,  
23 and any other costs for the treatment rendered.

24 **Sec. 3. NEW SECTION. 146F.3 Forms and requirements for**  
25 **reporting of abortion complication information.**

26 1. The department shall assign a code to any health care  
27 provider or medical facility that may be required to report  
28 information or that may be identified under section 146F.2. An  
29 application procedure shall not be required for assignment of a  
30 code to a health care provider or medical facility.

31 2. A health care provider or medical facility shall assign a  
32 report tracking number to each report which enables the health  
33 care provider or medical facility to access the woman's medical  
34 information without identifying the woman.

35 3. The department shall develop and make available to

1 health care providers and medical facilities reporting forms to  
2 collect the required information under section 146F.2.

3 4. The information collected and reported, the data  
4 compiled under section 146F.2, and the reports submitted shall  
5 comply with the limitations and confidentiality requirements  
6 established pursuant to section 144.29A.

7 **Sec. 4. NEW SECTION. 146F.4 Abortion data public dashboard**  
8 **— reports.**

9 1. *a.* The department shall develop a public dashboard to  
10 inform the public on a quarterly basis of statewide aggregate  
11 data compiled based on the information included in reports  
12 submitted by health care providers and medical facilities under  
13 this chapter and section 144.29A. The dashboard shall have the  
14 capacity to be updated on a weekly basis.

15 *b.* The department shall maintain and update the dashboard in  
16 accordance with this section.

17 *c.* The dashboard shall provide statewide aggregate data,  
18 which shall be available in a downloadable format, relating to  
19 all of the following:

20 (1) The number of abortions performed during the prior  
21 quarter.

22 (2) A running total of the number of abortions performed to  
23 date in the current calendar year.

24 (3) The type of procedure used to perform the abortion.

25 (4) The gestational age or probable gestational age of the  
26 unborn child in weeks.

27 (5) The age of the woman.

28 (6) The race and ethnicity of the woman.

29 (7) The number and type of complications resulting from the  
30 abortions performed during the prior quarter.

31 2. *a.* The information collected and reported and the data  
32 compiled under this section shall comply with the limitations  
33 and confidentiality requirements established pursuant to  
34 section 144.29A.

35 *b.* The data on the dashboard shall be displayed as statewide

1 aggregate data for the current calendar year only; however,  
2 the dashboard shall have the capacity to allow the public to  
3 view the data for any previous year for which such data is  
4 available, delineated by month.

5 c. The total number of abortions reported to date shall be  
6 renewed each calendar year, annually, on January 1.

7 3. The department shall implement the dashboard by January  
8 20, 2023; health care providers and medical facilities shall  
9 report the required information beginning February 1, 2023; and  
10 the initial display of dashboard data shall be made available  
11 to the public no later than 11:59 p.m. on February 2, 2023.

12 Sec. 5. Section 144.29A, subsection 1, paragraphs c and k,  
13 Code 2022, are amended to read as follows:

14 c. ~~The maternal health services region of the Iowa~~  
15 ~~department of public health, as designated as of July 1, 1997,~~  
16 county in Iowa, or if not in Iowa, the state in which the  
17 patient resides.

18 k. The method used for an induced termination, including  
19 ~~whether mifepristone:~~

20 (1) Whether an abortion-inducing drug was used.

21 (2) Whether surgical means were used to induce a termination  
22 of pregnancy immediately following the unsuccessful use of an  
23 abortion-inducing drug to terminate the pregnancy.

24 Sec. 6. Section 144.29A, subsection 1, Code 2022, is amended  
25 by adding the following new paragraphs:

26 NEW PARAGRAPH. 1. The gender of the unborn child, if known.

27 NEW PARAGRAPH. m. Whether the woman, prior to seeking  
28 an induced termination of pregnancy, received all of the  
29 following:

30 (1) Any state-mandated informed consent counseling for an  
31 induced termination of pregnancy.

32 (2) Any verbal or written counseling related to the risks  
33 and complications of an induced termination of pregnancy.

34 (3) Any information related to alternatives to an induced  
35 termination of pregnancy.

1 (4) An ultrasound imaging of the unborn child.

2 NEW PARAGRAPH. *n.* The specific reasons for the induced  
3 termination of pregnancy, including but not limited to the  
4 following:

5 (1) Whether the pregnancy was the result of rape or incest.

6 (2) Economic reasons.

7 (3) Whether the woman does not want the child at the present  
8 time.

9 (4) Whether the woman's physical health is endangered  
10 and the specific reason her physical health is endangered,  
11 including any preexisting condition.

12 (5) Whether the woman's psychological, mental, or emotional  
13 health is endangered and the specific reason her psychological,  
14 mental, or emotional health is endangered, including any  
15 preexisting condition.

16 (6) Whether the woman will suffer substantial and  
17 irreversible impairment of a major bodily function if the  
18 pregnancy continues, specifically identifying the potential  
19 impairment.

20 (7) The actual or presumed gender or race of the child.

21 (8) The diagnosis, presence, or presumed presence of a  
22 genetic anomaly, specifically identifying the anomaly, if  
23 known.

24 NEW PARAGRAPH. *o.* Whether the woman refused to provide a  
25 reason for the induced termination of pregnancy under paragraph  
26 "n".

27 NEW PARAGRAPH. *p.* The county in which the induced  
28 termination of pregnancy was performed.

29 NEW PARAGRAPH. *q.* Whether the induced termination of  
30 pregnancy was paid for by any of the following:

31 (1) Private health insurance.

32 (2) Public health insurance including Medicaid.

33 (3) Self-pay, including not being billed to or paid for  
34 through insurance.

35 NEW PARAGRAPH. *r.* Complications, if any, from the induced

1 termination of pregnancy, including if the induced termination  
2 of pregnancy resulted in death.

3 Sec. 7. Section 144.29A, subsection 2, Code 2022, is amended  
4 to read as follows:

5 2. It is the intent of the general assembly that the  
6 information shall be collected, reproduced, released, and  
7 disclosed in a manner specified by rule of the department,  
8 adopted pursuant to [chapter 17A](#), which ensures the anonymity  
9 of the patient who experiences a termination of pregnancy, the  
10 health care provider who identifies and diagnoses or induces a  
11 termination of pregnancy, and the ~~hospital, clinic, or other~~  
12 ~~health~~ medical facility in which a termination of pregnancy  
13 is identified and diagnosed or induced. The department shall  
14 share information with the centers for disease control and  
15 prevention of the United States department of health and human  
16 services and may share information with other federal public  
17 health officials for the purposes of securing federal funding  
18 or conducting public health research. However, in sharing the  
19 information, the department shall not relinquish control of the  
20 information, and any agreement entered into by the department  
21 with federal public health officials to share information shall  
22 prohibit the use, reproduction, release, or disclosure of the  
23 information by federal public health officials in a manner  
24 which violates [this section](#). The department shall publish,  
25 annually, a demographic summary of the information obtained  
26 pursuant to [this section](#), except that the department shall  
27 not reproduce, release, or disclose any information obtained  
28 pursuant to [this section](#) which reveals the identity of any  
29 patient, health care provider, ~~hospital, clinic, or other~~  
30 ~~health~~ medical facility, and shall ensure anonymity in the  
31 following ways:

32 a. The department may use information concerning the report  
33 tracking number or concerning the identity of a reporting  
34 health care provider, ~~hospital, clinic, or other~~ health medical  
35 facility only for purposes of information collection. The



1 department shall not reproduce, release, or disclose this  
2 information for any purpose other than for use in annually  
3 publishing the demographic summary under this section and as  
4 necessary to comply with the requirements related to the public  
5 dashboard pursuant to section 146F.4.

6     *b.* The department shall enter the information, from any  
7 report of termination submitted, within thirty days of receipt  
8 of the report, and shall immediately destroy the report  
9 following entry of the information. However, entry of the  
10 information from a report shall not include any health care  
11 provider, ~~hospital, clinic, or other health~~ medical facility  
12 identification information including, but not limited to, the  
13 confidential health care provider code, as assigned by the  
14 department.

15     *c.* To protect confidentiality, the department shall limit  
16 release of information to release in an aggregate form which  
17 prevents identification of any individual patient, health  
18 care provider, ~~hospital, clinic, or other health~~ medical  
19 facility. For the purposes of this paragraph, "*aggregate*  
20 *form*" means a compilation of the information received by the  
21 department on termination of pregnancies for each information  
22 item listed, with the exceptions of the report tracking number,  
23 the health care provider code, and any set of information for  
24 which the amount is so small that the confidentiality of any  
25 person to whom the information relates may be compromised.  
26 The department shall establish a methodology to provide a  
27 statistically verifiable basis for any determination of the  
28 correct amount at which information may be released so that  
29 the confidentiality of any person is not compromised. If the  
30 department determines that confidentiality of any person is not  
31 compromised, if fewer than five terminations of pregnancy are  
32 reported in a county, annually, the annual demographic summary  
33 and any information included on the public dashboard pursuant  
34 to section 146F.4 shall report and display an asterisk and a  
35 notation that fewer than five terminations of pregnancy were

1 reported for that county.

2 Sec. 8. Section 144.29A, subsections 6 and 7, Code 2022, are  
3 amended to read as follows:

4 6. To ensure proper performance of the reporting  
5 requirements under this section, it is preferred that a health  
6 care provider who practices within a ~~hospital, clinic, or other~~  
7 health medical facility authorize one staff person to fulfill  
8 the reporting requirements.

9 7. For the purposes of this section:

10 a. "Abortion-inducing drug" means the same as defined in  
11 section 146E.1.

12 ~~a.~~ b. "Health care provider" means an individual  
13 licensed under chapter 148, 148C, 148D, or 152, or 152E,  
14 or any individual who provides medical services under the  
15 authorization of the licensee.

16 ~~b.~~ c. "Inducing Induce a termination of pregnancy" means the  
17 use of any means to terminate the pregnancy of a woman known to  
18 be pregnant with the intent other than to produce a live birth  
19 or to remove a dead fetus.

20 d. "Induced termination of pregnancy" means the termination  
21 of the pregnancy of a woman known to be pregnant with the  
22 intent other than to produce a live birth or to remove a dead  
23 fetus.

24 e. "Medical facility" means the same as defined in section  
25 146B.1.

26 ~~e.~~ f. "Spontaneous termination of pregnancy" means the  
27 occurrence of an unintended termination of pregnancy at  
28 any time during the period from conception to twenty weeks  
29 gestation and which is not a spontaneous termination of  
30 pregnancy at any time during the period from twenty weeks or  
31 greater which is reported to the department as a fetal death  
32 under this chapter.

33 g. "Unborn child" means the same as defined in section  
34 146A.1.

35

EXPLANATION

1           The inclusion of this explanation does not constitute agreement with  
2           the explanation's substance by the members of the general assembly.

3       This bill relates to abortion complications and statistical  
4 reporting.

5       Under the bill, a health care provider or medical facility  
6 that provides care to a woman who reports any complication,  
7 requires medical treatment, or suffers death that the health  
8 care provider or medical facility has reason to believe is a  
9 primary, secondary, or tertiary result of an abortion, shall  
10 file a written report with DPH. The report shall be completed  
11 and signed by the health care provider or medical facility  
12 that attended the woman and shall be transmitted to DPH within  
13 30 days of the death of the woman or of discharge of the  
14 woman reporting or being treated for complications. The bill  
15 prescribes the information to be included in the report.

16       The bill requires DPH to assign a code to any health care  
17 provider or medical facility that may be required to report  
18 information or that may be identified under the bill. An  
19 application procedure shall not be required for assignment  
20 of a code to a health care provider or medical facility. A  
21 health care provider or medical facility shall assign a report  
22 tracking number to each report which enables the health care  
23 provider or medical facility to access the woman's medical  
24 information without identifying the woman. DPH is required to  
25 develop and make available to health care providers and medical  
26 facilities reporting forms to collect the required information,  
27 and the information collected and reported, the data compiled,  
28 and the reports submitted under the bill shall comply with  
29 the limitations and confidentiality requirements pursuant to  
30 Code section 144.29A (termination of pregnancy reporting —  
31 legislative intent).

32       DPH shall develop a public dashboard to inform the public on  
33 a quarterly basis of statewide aggregate data compiled based on  
34 specified information included in reports submitted by health  
35 care providers and medical facilities under the bill and under

1 Code section 144.29A. The dashboard shall have the capacity to  
2 be updated on a quarterly basis.

3 DPH shall implement the dashboard by January 20, 2023;  
4 health care providers and medical facilities shall report  
5 the required information beginning February 1, 2023; and the  
6 initial display of dashboard data shall be made available to  
7 the public no later than 11:59 p.m. on February 2, 2023.

8 The bill also amends Code section 144.29A to require the  
9 reporting of additional data elements and to provide for  
10 the use of the data as necessary to comply with the public  
11 dashboard provisions under Code section 146F.4, as enacted in  
12 the bill. A knowing violation of Code section 144.29A is a  
13 serious misdemeanor pursuant to Code section 144.52. A serious  
14 misdemeanor is punishable by confinement for no more than one  
15 year and a fine of at least \$430 but not more than \$2,560.