I Mina'trentai Siette Na Liheslaturan Guåhan BILL STATUS

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	FISCAL NOTES	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	NOTES
111-37 (LS)		AN ACT TO ADD A NEW CHAPTER 91B TO DIVISION 4, TITLE 10, GUAM CODE ANNOTATED RELATIVE TO EXPANDING ABORTION SERVICES IN GUAM; AND TO CITE THIS ACT THE "HEALTH PROTECTION ACT OF 2023".							

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I MINA'TRENTAI SIETTE NA LIHESLATURAN GUÅHAN 2023 (FIRST) Regular Session

Bill No. 111-37 (LS)

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Act of 2023".

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William A. Parkinson

AN ACT TO *ADD* A NEW CHAPTER 91B TO DIVISION 4, TITLE 10, GUAM CODE ANNOTATED RELATIVE TO EXPANDING ABORTION SERVICES IN GUAM; AND TO CITE THIS ACT THE "HEALTH PROTECTION ACT OF 2023".

BE IT ENACTED BY THE PEOPLE OF GUAM: 1 **Section 1.** A new Chapter 91B is *added* to Division 4 of Title 10, Guam 2 Code Annotated to hereby read as follows: 3 "CHAPTER 91B 4 **HEALTH PROTECTION ACT OF 2023** 5 § 91B101. Short Title. 6 § 91B102. Legislative Findings and Intent 7 § 91B103. Definitions. 8 § 91B104. Permitted Services. 9 10 § 91B105. Liberal Construction § 91B106. Enforcement. 11 § 91B107. Effective Date. 12 § 91B101. Short Title. This Act shall be known as the "Health Protection 13

§ 91B102. Legislative Findings and Intent.

(a) *I Liheslaturan Guahan* finds the following:

- (1) Many of our citizens believe that abortion services are essential health care, and access to those services is central to people's ability to participate equally in the economic and social life of the Territory. Abortion access allows people who are pregnant to make their own decisions about their pregnancies, their families, and their lives.
- (2) Since 1973, the Supreme Court repeatedly has recognized the constitutional right to terminate a pregnancy before fetal viability, and to terminate a pregnancy after fetal viability where it is necessary, in the good faith medical judgment of the treating health care professional, for the preservation of the life or health of the person who is pregnant.
- (3) Since 2011, States and local governments have passed nearly 500 restrictions singling out health care providers who offer abortion services, interfering with their ability to provide those services and the patients' ability to obtain those services.
- (4) Many of these restrictions are neither evidence-based nor generally applicable to the medical profession or to other medically comparable outpatient gynecological procedures.
- States. An independent, comprehensive review of the state of science on the safety and quality of abortion services, published by the National Academies of Sciences, Engineering, and Medicine in 2018, found that abortion in the United States is safe and effective and that the biggest threats to the quality of abortion services in the United States are State regulations that create barriers to care. These abortion specific restrictions conflict with medical standards and are not supported by the recommendations and guidelines issued by leading reproductive health care professional organizations including the

American College of Obstetricians and Gynecologists, the Society of Family
Planning, the National Abortion Federation, the World Health Organization,
and others.

- (6) Additionally, the Chapter proposed in this legislation mirrors the proposed Chapter from Bill 106-37 (COR), sponsored by Senator Thomas J. Fisher. However, *I Liheslaturan Guahan* finds that the need for legislative submission on the issue on reproductive rights is unnecessary, and so the following legislation would simply enact the Health Protection Act of 2023 rather than putting the issue up for a vote from voters.
- (b) Purpose. It is the purpose of this Act to allow health care providers to provide abortion services without limitations or requirements that single out abortion services for restrictions that are more burdensome than those restrictions imposed on medically comparable procedures and do not significantly advance reproductive health or the safety of abortion services and make abortion services more difficult to access.

§ 91B103. Definitions.

- For purposes of this Chapter, the followings words and phrases are defined to mean:
- (1) Abortion Services. The term abortion services means an abortion and any medical or non-medical services related to and provided in conjunction with an abortion (whether or not provided at the same time or on the same day as the abortion).
- 23 (2) Government. The term government includes each branch, department, 24 agency, instrumentality, and official (and other person acting under color of law) of 25 the Territory of Guam.
 - (3) Health Care Provider. The term health care provider means any entity or individual (including any physician, certified nurse-mid wife, nurse practitioner,

- 1 and physician assistant) that (A) is engaged or seeks to engage in the delivery of
- 2 health care services, including abortion services, and (B) if required by law or
- 3 regulation to be licensed or certified to engage in the delivery of such services is so
- 4 <u>licensed or certified, or would be so licensed or certified but for their past, present,</u>
- 5 or potential provision of abortion services permitted by Section 4.
- 6 (4) *Medically Comparable Procedure*. The term medically comparable procedures means medical procedures that are similar in terms of health and safety
- 8 risks to the patient, complexity, or the clinical setting that is indicated.
- 9 (5) *Pregnancy*. The term pregnancy refers to the period of the human reproductive process beginning with the implantation of a fertilized egg.
- 11 (6) Viability. The term viability means the point in a pregnancy at which,
 12 in the good-faith medical judgment of the treating health care provider, based on the
 13 particular facts of the case before the health care provider, there is a reasonable
 14 likelihood of sustained fetal survival outside the uterus with or without artificial
 15 support.

§ 91B104. Permitted Services.

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- (a) General Rule. A health care provider has a statutory right under this Act to provide abortion services, and may provide abortion services, and that provider's patient has a corresponding right to receive such services, without any of the following limitations or requirements:
 - (1) A requirement that a health care provider perform specific tests or medical procedures in connection with the provision of abortion services, unless generally required for the provision of medically comparable procedures.
 - (2) A requirement that the same health care provider who provides abortion services also perform specified tests, services, or procedures prior to or subsequent to the abortion.

(3) A requirement that a health care provider offer or provide the patient seeking abortion services medically inaccurate information in advance of or during abortion services.

- (4) A limitation on a health care provider's ability to prescribe or dispense drugs based on current evidence-based regimens or the provider's good-faith medical judgment, other than a limitation generally applicable to the medical profession.
- (5) A limitation on a health care provider's ability to provide abortion services via telemedicine, other than a limitation generally applicable to the provision of medical services via telemedicine.
- (6) A requirement or limitation concerning the physical plant, equipment, staffing, or hospital transfer arrangements of facilities where abortion services are provided, or the credentials or hospital privileges or status of personnel at such facilities, that is not imposed on facilities or the personnel of facilities where medically comparable procedures are performed.
- (7) A requirement that, prior to obtaining an abortion, a patient make one or more medically unnecessary in-person visits to the provider of abortion services or to any individual or entity that does not provide abortion services.
- (8) A prohibition on abortion at any point or points in time prior to fetal viability, including a prohibition or restriction on a particular abortion procedure.
- (9) A prohibition on abortion after fetal viability when, in the good faith medical judgment of the treating health care provider, continuation of the pregnancy would pose a risk to the pregnant patient's life or health.
- (10) A limitation on a health care provider's ability to provide immediate abortion services when that health care provider believes, based on the good-faith medical judgment of the provider, that delay would pose a risk

- (11) A requirement that a patient seeking abortion services at any point or points in time prior to fetal viability disclose the patient's reason or reasons for seeking abortion services, or a limitation on the provision or obtaining of abortion services at any point or points in time prior to fetal viability based on any actual, perceived, or potential reason or reasons of the patient for obtaining abortion services, regardless of whether the limitation is based on a health care provider's degree of actual or constructive knowledge of such reason or reasons.
- (b) Other Limitations or Requirements. A health care provider has a statutory right to provide abortion services, and may provide abortion services, and that provider's patient has a corresponding right to receive such services, without a limitation or requirement that
 - (1) is the same as or similar to one or more of the limitations or requirements described in subsection (a); or
- (2) both (A) expressly, effectively, implicitly, or as implemented singles out the provision of abortion services, health care providers who provide abortion services, or facilities in which abortion services are provided; and (B) impedes access to abortion services.
- (c) Factors For Consideration. Factors a court may consider in determining whether a limitation or requirement impedes access to abortion services for purposes of subsection (b)(2)(B) include the following:
 - (1) Whether the limitation or requirement, in a provider's good-faith medical judgment, interferes with a health care provider's ability to provide care and render services, or poses a risk to the patient's health or safety.
 - (2) Whether the limitation or requirement is reasonably likely to delay or deter some patients in accessing abortion services.

- (3) Whether the limitation or requirement is reasonably likely to directly or indirectly increase the cost of providing abortion services or the cost for obtaining abortion services (including costs associated with travel, childcare, or time off work).
- (4) Whether the limitation or requirement is reasonably likely to have the effect of necessitating a trip to the offices of a health care provider that would not otherwise be required.
- (5) Whether the limitation or requirement imposes penalties that are not imposed on other health care providers for comparable conduct or failure to act, or that are more severe than penalties imposed on other health care providers for comparable conduct or failure to act.
- (6) The cumulative impact of the limitation or requirement combined with other new or existing limitations or requirements.
- (d) Exception. To defend against a claim that a limitation or requirement violates a health care provider's or patient's statutory rights under subsection (b), a party must establish, by clear and convincing evidence, that (1) the limitation or requirement significantly advances the safety of abortion services or the health of patients; and (2) the safety of abortion services or the health of patients cannot be advanced by a less restrictive alternative measure or action.

§ 91B105. Liberal Construction.

- (a) Liberal Construction. In interpreting the provisions of this Act, a court shall liberally construe such 20 provisions to effectuate the purposes of the Act.
- (b) Rule Of Construction. Nothing in this Act shall be construed to authorize any government to interfere with a person's ability to terminate a pregnancy, to diminish or in any way negatively affect a person 's constitutional right to terminate a pregnancy, or to displace any other remedy for violations of the constitutional right to terminate a pregnancy.

§ 91B106. Enforcement.

- (a) Attorney General. The Attorney General may commence a civil action for prospective injunctive relief on behalf of Guam against any government official that is charged with implementing or enforcing any limitation or requirement that is challenged as a violation of a statutory right under this Act. The court shall hold unlawful and set aside the limitation or requirement if it is in violation of this Act.
- (b) Private Right of Action. (1) In General. Any individual or entity, including any health care provider, aggrieved by an alleged violation of this Act may commence a civil action for prospective injunctive relief against the government official that is charged with implementing or enforcing the limitation or requirement that is challenged as a violation of a statutory right under this Act. The court shall hold unlawful and set aside the limitation or requirement if it is in violation of this Act. (2) Health Care Provider. A health care provider may commence an action for prospective injunctive relief on its own behalf and/or on behalf of the provider's patients who are or may be adversely affected by an alleged violation of this Act. 3.
- (c) Equitable Relief. In any action under this section, the court may award appropriate equitable relief, including temporary, preliminary, or permanent injunctive relief.
- (d) Costs. In any action under this section, the court shall award costs of litigation, as well as reasonable attorney fees, to any prevailing plaintiff. A plaintiff shall not be liable to a defendant for costs in any non-frivolous action under this section.
- § 91B107. Effective Date. This Act shall be effective immediately upon enactment.
- **Section 2. Severability.** If any provision of this Act or its application to any person or circumstance is found to be invalid or inorganic, such invalidity shall not affect other provisions or applications of this Act that can be given effect without

- 1 the invalid provision or application, and to this end the provisions of this Act are
- 2 severable.