

1 HOUSE BILL 275

2 **52ND LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2016**

3 INTRODUCED BY

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10 AN ACT

11 RELATING TO CHILDBIRTH; REQUIRING MEDICAL CARE FOR ALL INFANTS
12 WHO ARE BORN ALIVE; DEFINING BORN ALIVE INFANT IN STATE LAW;
13 MANDATING REPORTING; ENACTING PENALTIES; ENACTING CIVIL
14 REMEDIES; CREATING THE TASK FORCE TO MONITOR BORN ALIVE BIRTHS.

15
16 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

17 SECTION 1. [NEW MATERIAL] DEFINITIONS.--For the purposes
18 of Sections 1 through 6 of this act:

19 A. "born alive" or "live birth" means the birth of
20 an infant who, whether or not the umbilical cord has been cut
21 or the placenta is attached, and regardless of whether the
22 expulsion or extraction occurs as a result of natural or
23 induced labor, cesarean section or induced abortion, shows any
24 evidence of life, including:

25 (1) breathing;

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- 1 (2) a heartbeat;
- 2 (3) umbilical cord pulsation; or
- 3 (4) definite movement of voluntary muscles;

4 and

5 B. "infant" means a child who has been completely
6 expelled or extracted from the child's mother, regardless of
7 the stage of gestational development.

8 SECTION 2. [NEW MATERIAL] REQUIREMENTS AND
9 RESPONSIBILITIES.--

10 A. A person shall not deny or deprive an infant of
11 nourishment with the intent to cause or allow the death of the
12 infant for any reason when the infant is born alive by natural
13 or artificial means.

14 B. A person shall not deprive an infant who is born
15 alive of medically appropriate and reasonable medical care and
16 treatment or surgical care.

17 C. The requirements of this section shall not be
18 construed to prevent an infant's parent or guardian from
19 refusing to give consent to medical treatment or surgical care
20 that is not medically necessary or reasonable, including care
21 or treatment that:

22 (1) is not necessary to save the life of the
23 infant;

24 (2) has a potential risk to the infant's life
25 or health that outweighs the potential benefit to the infant of

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1 the treatment or care; or

2 (3) will do no more than temporarily prolong
3 the act of dying when death is imminent.

4 D. A physician attempting to perform an abortion
5 shall take all medically appropriate and reasonable steps to
6 preserve the life and health of a born alive infant. If an
7 attempt to perform an abortion performed in a hospital results
8 in a live birth, the physician attending shall provide
9 immediate medical care to the infant, inform the mother of the
10 live birth and request transfer of the infant to an on-duty
11 resident or emergency care physician who shall provide
12 medically appropriate and reasonable medical care and treatment
13 to the infant. If an attempt to perform an abortion performed
14 in a facility other than a hospital results in a live birth, a
15 physician attending the abortion shall provide immediate
16 medical care to the infant and call the 911 emergency response
17 system for an emergency transfer of the infant to a hospital
18 that shall provide medically appropriate and reasonable care
19 and treatment to the infant.

20 E. If the physician described in Subsection D of
21 this section is unable to perform the duties outlined in that
22 subsection because the physician is assisting the woman on whom
23 the abortion was to be performed, an attending physician's
24 assistant, nurse or other health care provider must assume the
25 duties outlined in Subsection D of this section.

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1 F. Any born alive infant, including one born in the
2 course of an abortion procedure, shall be treated as a legal
3 person under state law, with the same rights to medically
4 appropriate and reasonable care and treatment. Birth and, if
5 necessary, death certificates shall be issued according to
6 state law.

7 G. No person may use any born alive infant for any
8 type of scientific research or other kind of experimentation
9 except as necessary to protect or preserve the life and health
10 of the born alive infant.

11 **SECTION 3. [NEW MATERIAL] MANDATORY REPORTING OF**
12 **VIOLATIONS.--**A health care practitioner or any employee of a
13 hospital, a physician's office or an abortion clinic who has
14 knowledge of a failure to comply with the provisions of Section
15 2 of this act shall immediately report the failure to an
16 appropriate state or federal law enforcement agency, or to
17 both.

18 **SECTION 4. [NEW MATERIAL] CRIMINAL PENALTIES.--**

19 A. Whoever intentionally performs an overt act that
20 kills a born alive infant is guilty of a first degree felony
21 resulting in the death of a child and shall be sentenced upon
22 conviction pursuant to the provisions of Section 31-18-15 NMSA
23 1978.

24 B. Whoever intentionally attempts to perform an
25 overt act to kill a born alive infant is guilty of a second

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1 degree felony, and shall be sentenced upon conviction pursuant
2 to the provisions of Section 31-18-15 NMSA 1978.

3 SECTION 5. [NEW MATERIAL] CIVIL REMEDIES.--If a child is
4 born alive and there is a violation of Section 2 of this act,
5 the woman upon whom the abortion was performed or attempted may
6 obtain appropriate relief in a civil action against any person
7 who committed the violation. Appropriate relief in a civil
8 action includes:

9 A. money damages for all injuries, psychological
10 and physical, occasioned by the violation;

11 B. statutory damages equal to three times the cost
12 of the abortion or attempted abortion; and

13 C. punitive damages and reasonable attorney fees.

14 SECTION 6. [NEW MATERIAL] CREATION OF TASK FORCE--
15 PERIODIC REPORTING AND OVERSIGHT.--

16 A. The "task force to monitor born alive births" is
17 created. The task force shall have five members, including two
18 members from the department of health and three members from
19 the children, youth and families department.

20 B. The task force shall:

21 (1) create reporting guidelines for each born
22 alive infant incident that takes place in the state. The
23 reporting requirements should include, at a minimum, when a
24 born alive infant was given medical treatment, emergency
25 medical care or when the 911 emergency response system was

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1 called for an emergency transfer pursuant to Subsection D of
2 Section 2 of this act;

3 (2) assign children, youth and families
4 department caseworkers to perform monthly inspections and
5 conduct staff interviews at each facility in the state that
6 offers elective abortions to determine whether appropriate
7 measures and care are being given to born alive infants and if
8 the reporting guidelines are being followed; and

9 (3) provide a yearly report of its findings to
10 the governor and the legislature.