A BILL TO BE ENTITLED

AN ACT TO REMOVE BARRIERS TO GAIN ACCESS TO ABORTION ACT (RBG ACT).

Whereas, the ability to access safe and legal abortion is a critical component of a patient's health and dignity, as well as independence, freedom, and equality; and
Whereas, throughout pregnancy, patients must be able to make their own health care decisions with the advice of health care professionals they trust and without government interference; and
Whereas, over the last 10 years, North Carolina has limited access to abortion services by enacting a growing number of hurdles, restrictions, and requirements that serve no medical purpose and are intended to make it more difficult for patients to access health care; and
Whereas, the impact of abortion restrictions is predominantly felt by those who already experience systemic barriers to health care, including young people, people of color and those with disabilities, individuals with low incomes, and those who live in rural areas or are undocumented. These systemic barriers to health care are exacerbated during the public health emergency of the COVID-19 pandemic; Now, therefore,
The General Assembly of North Carolina enacts:

SECTION 1.(a) G.S. 14-45.1 reads as rewritten:

"§ 14-45.1. When abortion not unlawful.

(a) The Department of Health and Human Services shall annually inspect any clinic, including ambulatory surgical facilities, where abortions are performed. The Department of Health and Human Services shall publish on the Department's Web site and on the State Web site established under G.S. 90-21.84 the results and findings of all inspections conducted on or after January 1, 2013, of clinics, including ambulatory surgical facilities, where abortions are performed, including any statement of deficiencies and any notice of administrative action resulting from the inspection. No person who is less than 18 years of age shall be employed at any clinic, including ambulatory surgical facilities, where abortions are performed. The requirements of this subsection shall not apply to a hospital required to be licensed under Chapter 131E of the General Statutes.

(b) Notwithstanding any of the provisions of G.S. 14-44 and 14-45, it shall not be unlawful, after the twentieth week of a woman's pregnancy, to advise, procure or cause a miscarriage or abortion when the procedure is performed by a qualified physician licensed to practice medicine in North Carolina in a hospital licensed by the Department of Health and Human Services, if there is a medical emergency as defined by G.S. 90-21.81(5). emergency.

(b1) A qualified physician who advises, procures, or causes a miscarriage or abortion after the sixteenth week of a woman's pregnancy shall record all of the following: the method used by
the qualified physician to determine the probable gestational age of the unborn child at the time
the procedure is to be performed; the results of the methodology, including the measurements of
the unborn child; and an ultrasound image of the unborn child that depicts the measurements.

The qualified physician shall provide this information, including the ultrasound image, to the
Department of Health and Human Services pursuant to G.S. 14-45.1(c).

A qualified physician who procures or causes a miscarriage or abortion after the twentieth
week of a woman's pregnancy shall record the findings and analysis on which the qualified
physician based the determination that there existed a medical emergency as defined by G.S.
90-21.81(5) and shall provide that information to the Department of Health and Human
Services pursuant to G.S. 14-45.1(c). Materials generated by the physician or provided
by the physician to the Department of Health and Human Services pursuant to this section shall
not be public records under G.S. 132-1.

... (g) For purposes of this section, "qualified physician" means (i) a physician who
possesses, or is eligible to possess, board certification in obstetrics or gynecology; (ii) a physician
who possesses sufficient training based on established medical standards in safe abortion care,
abortion complications, and miscarriage management, or (iii) a physician who performs an
abortion in a medical emergency as defined by G.S. 90-21.81(5) qualified to practice medicine
under Article 1 of Chapter 90 of the General Statutes, a physician assistant as defined in
G.S. 90-18.1, a nurse practitioner as defined in G.S. 90-18.2, or a certified nurse midwife may
fulfill the requirements and functions designated for a physician.

(h) For the purposes of this section, "medical emergency" means a condition which, in
reasonable medical judgment, so complicates the medical condition of the pregnant woman as to
necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will
create serious risk of substantial and irreversible physical impairment of a major bodily function,
not including any psychological or emotional conditions. No condition shall be deemed a medical
emergency if based on a claim or diagnosis that the woman will engage in conduct which would
result in her death or in substantial and irreversible physical impairment of a major bodily
function."

SECTION 1.(b) G.S. 90-21.4 is amended by adding a new subsection to read:
"(c) For the purposes of this section, a person who is qualified to practice medicine under
Article 1 of Chapter 90 of the General Statutes, a physician assistant as defined in G.S. 90-18.1,
a nurse practitioner as defined in G.S. 90-18.2, or a certified nurse midwife shall qualify for the
same limited immunity in this section that is designated for a physician."

SECTION 1.(c) G.S. 90-21.9 reads as rewritten:
"§ 90-21.9. Medical emergency exception.
(a) The requirements of parental consent prescribed by G.S. 90-21.7(a) shall not apply
when, in the best medical judgment of the physician based on the facts of the case before the
physician, a medical emergency exists that so complicates the pregnancy as to require an
immediate abortion, or when the conditions prescribed by G.S. 90-21.1(4) are met.
(b) For the purposes of this section and G.S. 90-21.7, a person who is qualified to practice
medicine under Article 1 of Chapter 90 of the General Statutes, a physician assistant as defined
in G.S. 90-18.1, a nurse practitioner as defined in G.S. 90-18.2, or a certified nurse midwife may
fulfill the requirements and functions designated for a physician."

SECTION 1.(d) G.S. 90-21.120 reads as rewritten:
"§ 90-21.120. Definitions.
The following definitions apply in this Article:
(1) Abortion. – As defined in G.S. 90-21.81(1). The use or prescription of any
instrument, medicine, drug, or other substance or device intentionally to
terminate the pregnancy of a woman known to be pregnant with an intention
other than to do any of the following:
a. Increase the probability of a live birth.
b. Preserve the life or health of the child.
c. Remove a dead, unborn child who died as the result of (i) natural causes in utero, (ii) accidental trauma, or (iii) a criminal assault on the pregnant woman or her unborn child which causes the premature termination of the pregnancy.

(2) Attempt to perform an abortion. – As defined in G.S. 90-21.81(2). An act, or an omission of a statutorily required act, that, under the circumstances as the actor believes them to be, constitutes a substantial step in a course of conduct planned to culminate in the performance of an abortion in violation of this Article.

(3) Woman. – As defined in G.S. 90-21.81(11). A female human, whether or not she is an adult.

SECTION 1. (e) G.S. 90-21.121 is amended by adding a new subsection to read:
"(c) For the purposes of this section, a person who is qualified to practice medicine under Article 1 of Chapter 90 of the General Statutes, a physician assistant as defined in G.S. 90-18.1, a nurse practitioner as defined in G.S. 90-18.2, or a certified nurse midwife may fulfill the requirements and functions designated for a physician."

SECTION 1. (f) Article II of Chapter 90 of the General Statutes is repealed.

SECTION 1. (g) This section is effective 30 days after it becomes law and applies to acts on or after that date.

SECTION 2. (a) G.S. 143C-6-5.5 is repealed.

SECTION 2. (b) G.S. 135-48.50 reads as rewritten:
The Plan shall provide coverage subject to the following coverage mandates:

(1) Abortion coverage. – The Plan shall not provide coverage for abortions for which State funds could not be used under G.S. 143C-6-5.5. The Plan shall, however, shall provide coverage for subsequent complications or related charges arising from an abortion not covered under this subdivision.

..."

SECTION 3. (a) G.S. 58-51-63 is repealed.

SECTION 3. (b) This section is effective 30 days after it becomes law and applies to contracts entered into, amended, or renewed on or after that date.

SECTION 4. (a) G.S. 153A-92(d) reads as rewritten:
"(d) A county may purchase life insurance or health insurance or both for the benefit of all or any class of county officers and employees as a part of their compensation. A county may provide other fringe benefits for county officers and employees. In providing health insurance to county officers and employees, a county shall not provide abortion coverage greater than that provided by the State Health Plan for Teachers and State Employees under Article 3B of Chapter 135 of the General Statutes."

SECTION 4. (b) G.S. 160A-162(b) reads as rewritten:
"(b) The council may purchase life, health, and any other forms of insurance for the benefit of all or any class of city employees and their dependents, and may provide other fringe benefits for city employees. In providing health insurance to city employees, the council shall not provide abortion coverage greater than that provided by the State Health Plan for Teachers and State Employees under Article 3B of Chapter 135 of the General Statutes."

SECTION 5. Except where otherwise provided, this act is effective 30 days after it becomes law.