

2017 HOUSE HUMAN SERVICES

HB 1292

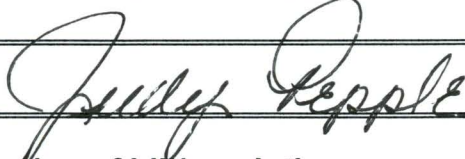
2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1292
1/25/2017
27355

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to memorial birth certificates

Minutes:

1, 2, 3,

Chairman Weisz: Called the committee to order.
Opened the hearing on HB 1292

Chairman Weisz: Is there testimony in support of HB 1292?

Rep. Tolman

I am here in support of HB 1292. I am here to discuss the amendment that I will pass out.
(Attachment 1)

Chairman Weisz: When you are defining miscarriage and using that definition for the memorial birth certificate. That is correct?

Rep. Tolman: Yes, that is correct.

Chairman Weisz: Questions from the committee?

Chairman Weisz: Further testimony in support of HB 1292

Patricia Camisa, I am here to represent myself, other parents, and mothers unable to speak of their loss.
(Attachment 2)

Chairman Weisz: Did you see the amendment?

P. Camisa: Yes

Chairman Weisz: Do you agree with that?

P. Camisa: Yes I do.

Chairman Weisz: Are there any questions from the committee?

Chairman Weisz: Is there further testimony in support of HB 1292?

Joseph Camisa
(Attachment 3)

Chairman Weisz: Are there any questions from the committee?

Representative Skroch: I don't really have a question. I thank you for sharing that and I want you to know that I lost 2 children to miscarriage and one of them was too young to have a death certificate. I thank you for sharing that because I also know your grief. I know there is something permanent in a record that identifies that that child existed and was part of the family. I don't have any questions I just want to thank you for sharing. I appreciate it and I am glad this is coming to us.

Chairman Weisz: Is there further testimony in support of HB 1292?

Chairman Weisz: Is there testimony in opposition of HB 1292?
Does the health department have any comments on the amendment?

Darin Meschke, Dept. of Health (Dept. Vital Records)
No, I am just here to answer any questions that you might have.

Representative P. Anderson: In line 7 it says a person may issue the memorial birth certificate including the state department of health, so is there someone else that can do that?

D. Meschke: With the amendment it is only the state department. We did that as a fraud prevention.

Representative Skroch: Will there be a cost to the state for doing this? There was no fiscal note.

D. Meschke There will be some additional cost, but we didn't include a fiscal note because it will be minor. We have to make some minor changes to our system to allow for us to record the requests for these type of certificates. These vital events are statistically registered nationally so the event prior to 20 weeks is not a nationally recognized event. We have a process to collect all the information and register those born at or after 20 weeks. What we are going to do for this certificate is collect the requests and document the request and issue a certificate

Representative Porter: If a miscarriage happened. Is that already a recorded event in your office?

D. Meschke: No it is not recorded anywhere at this time. We will be recording now and issuing the certificate. We are not going to create a new vital event for this we are just going to document the request and keep the information.

Representative Porter: All of the events prior to 20 weeks are recorded in your office currently?

D. Meschke: No it is not. We do not record miscarriages in our office. They are not vital events. That's why we need to address this issue, because nationally miscarriages prior to 20 weeks are not registered. That information is just not kept nationally or by any state. What we are going to do with this is take that request and issue those certificates on behalf of their child.

Representative Porter: Is there an issue then with the department going retroactive to an event? If an individual came in and said that their miscarriage happened in 2013 and here is the medical documentation from the hospital that the event took place, is there going to be an issue with you issuing that certificate?

D. Meschke: No there is not going to be an issue. This would be retroactive to the beginning of time. As long as they can produce the document we will issue a certificate.

Representative McWilliams: Earlier in the session we passed a bill that would allow for a tax credit for stillborn child. Would that be able to be applied to this law as well.

D. Meschke: I know that that bill specifically talked about fetal deaths, so that would only apply to births at 20 weeks or more. As it is written now I don't think it would apply to a miscarriage.

Chairman Weisz: Further questions from the committee?

Close the hearing on HB 1292.

Ok committee what is your wish?

Representative Porter: I move the amendment be adopted.

Representative Seibel: Second.

Chairman Weisz: We have a motion and second to move the amendment 03001.
Any discussion on the amendment?
Seeing none, we will take a voice vote.
Motioned carried.

Chairman Weisz: Ok committee we have an amended bill in front of us, what are the committee's wishes?

Representative Skroch: I move to do pass as amended.

Representative Porter: Second

Chairman Weisz: Motion for a do pass as amended on HB 1292.

Any discussion?

The clerk will call the roll for a do pass as amended on HB 1292

Roll call vote taken yes 11 no 0 absent 3

Who would like to carry this one?

Representative Seibel: Will carry this one.

Chairman Weisz: Thank you for appearing today. We know it wasn't easy.

Committee adjourned.

1/25/17 DT

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1292

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new section to chapter 23-02.1 of the North Dakota Century Code, relating to issuance of a certified copy of a fetal loss; and to amend and reenact section 23-02.1-01 of the North Dakota Century Code, relating to definitions in the Health Statistics Act.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 23-02.1-01 of the North Dakota Century Code is amended and reenacted as follows:

23-02.1-01. Definitions.

As used in this chapter:

1. "Authorized representative" means a person that has the legal authority to act on behalf of the person named on a record, including a personal representative or guardian.
2. "Certified" means a copy of the original record on file with the state department of health which is signed and sealed by the state registrar or deputy state registrar.
3. "Dead body" means a lifeless human body or parts of such body or bones thereof from the state of which it may reasonably be concluded that death recently occurred.
4. "Electronic birth registration system" means the electronic birth registration system maintained by the state department of health.
5. "Electronic death registration system" means the electronic death registration system maintained by the state department of health.
6. "Facts of death" means the demographic and personal information pertaining to an individual's death.
7. "Fetal death" or "birth resulting in stillbirth" means death occurring before the complete expulsion or extraction from its mother of a product of human conception. The death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.
8. "Filing" means the presentation of a record, report, or other information provided for in this chapter of a birth, death, fetal death, adoption, marriage, divorce, or other event as specified by the state health officer for registration by the state registrar.

9. "Final disposition" means the burial, interment, cremation, removal from the state, or other disposition of a dead body or fetus.
10. "Health statistics" means data derived from records of birth, death, fetal death, marriage, divorce, or other records relating to the health of the populace or the state of the environment.
11. "Institution" means any establishment, public or private, which provides inpatient medical, surgical, or diagnostic care or treatment, or nursing, custodial, or domiciliary care to two or more individuals unrelated by blood, or to which individuals are committed by law.
12. "Live birth" means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.
13. "Medical certification" means the medical information pertaining to an individual's death, including the cause and manner of death.
14. "Miscarriage of birth" means the expulsion of a fetus from the womb, spontaneously or as a result of an accident, before twenty weeks gestation.
15. "Personal or real property interests" means ownership or other legal rights or duties concerning personal or real property.
- ~~15-16.~~ "Physician" means an individual authorized or licensed to practice medicine or osteopathy under chapter 43-17.
- ~~16-17.~~ "Registration" means the acceptance by the state registrar and incorporation into official records, reports, or other records provided for in this chapter, of birth, death, fetal death, marriage, divorce, or other records as may be determined by the state health officer.
- ~~17-18.~~ "Relative" means an individual's current or surviving spouse, a parent or legal guardian, a child, a grandparent, or a grandchild. The state registrar may require proof of the relationship.
- ~~18-19.~~ "Subregistrar" means a funeral director or other suitable individual from a licensed funeral home who is appointed by the state registrar for the purpose of issuing burial-transit permits.
- ~~19-20.~~ "System of health statistics tabulation and analysis" includes the tabulation, analysis, and presentation or publication of statistical data derived from health statistics.
- ~~20-21.~~ "System of vital records registration" includes the registration, collection, preservation, amendment, and certification of birth, death, fetal death, marriage, divorce, or other records as may be determined necessary by the state health officer or the state health officer's designee.

SECTION 2. A new section to chapter 23-02.1 of the North Dakota Century Code is created and enacted as follows:

Fetal loss.

The state registrar may issue a certified copy of a fetal loss to an individual who experiences a documented miscarriage of birth, if the individual provides to the state registrar a completed fetal loss request form established by the state department of health which is signed by the mother or the father and a letter signed by a hospital, physician, or other medical attendant documenting proof of pregnancy and fetal loss."

Renumber accordingly

Date: 1-25-17
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1292

House Human Services Committee

Subcommittee

Amendment LC# or Description: 17.0552.03001

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By Rep. Porter Seconded By Rep. Seibel

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

*voice
vote carried*

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 1-25-17
Roll Call Vote #: 2

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1292

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By Rep. Skroch Seconded By Rep. Fortee

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	absent	
Vice Chairman Rohr	absent		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	absent				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 11 No 0

Absent 3

Floor Assignment Rep. Seibel

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1292: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (11 YEAS, 0 NAYS, 3 ABSENT AND NOT VOTING). HB 1292 was placed on the Sixth order on the calendar.

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Re-number accordingly

2017 SENATE HUMAN SERVICES

HB 1292

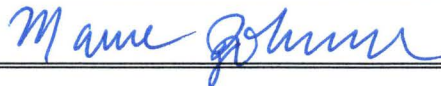
2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1292
3/14/2017
Job Number 29151

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill relating to issuance of a certified copy of a fetal loss; relating to definitions in the Heath Statistics Act.

Minutes:

7 Attachments

Chair J. Lee: Brought the hearing to order, all members were present.

Representative Nathan Toman, District 34 (1:15-1:50) introduced the bill.

Senator Anderson: This started out as issuance of a memorial certificate, can you explain all the changes in the House?

Rep. Toman: Constituents came to me with this issue, the process started with rolling back the weeks for a death certificate, with conversations with Vital Records with the Federal implications and other implications, I submitted the memorial certificate, then the Division of Vital Records and I came up with what you have before you. If the title is something you want to discuss, that's fine, but the process is there.

Chair J. Lee: What other states have something comparable to this?

Rep. Toman: I don't know.

Chair J. Lee: I think the answer is zero. This is a bit more complicated than it first appears.

Senator Piepkorn: What are the ramifications of this? A fetal loss as compared to birth loss?

Chair J. Lee: The additional information I will bring to the committee, I have some from Dr. Sens, the forensic examiner from University of North Dakota.

Rep. Toman: I think some of those concerns were brought up, that's why we moved it to the miscarriage with the definitions, it's a separate certificate altogether. It's not coinciding with a death certificate, it's just a certificate of loss, there are no tax implications or federal record implications.

Senator Clemens: Is there any time frame that goes along with this? Is this any time after conception?

Rep. Toman: Not currently, the situation is the constituent missed the 20-week mark by 1 day, we didn't want to put a minimum or maximum on there. We don't see people applying from day 1, even if they did, that would have to be certified by their doctor that it was an actual miscarriage. They would pay the \$5 fee, just like a birth or death certificate.

Senator Clemens: But if it was certified as a miscarriage, it would qualify.

Rep. Toman: Yes.

Chair J. Lee: What would be the reason for wanting a death certificate in that first 20 weeks?

Rep. Toman: This is not a death certificate; I would imagine closure. I don't know if there's an ulterior motive.

Chair J. Lee: I think the loss for the family is going to be a painful one, I don't think that piece of paper would make a difference.

Rep. Toman: Maybe not to you, but to some others it might.

Patricia Camisa, testified in favor. I gave birth to my son, Thomas David. I went through 15 hours of labor, knowing that I would give birth to a child that wasn't alive. Hearing what some of you have said, why would you want a piece of paper that says that this child existed, escapes me. If you have children, and you lost them, you would want the world to know that they existed. I mourn Mother's Day. Having that piece of paper helps me grieve. I was heartbroken to find out that we wouldn't get any recognition other than what the hospital gave us. There are women who haven't spoken about this their entire lives. I have great aunts tell me that they lost a child and had never told anyone. One in four women will experience this in their lifetimes. Giving closure to grieving mothers and fathers is a huge step, North Dakota could be the first in the nation to do it.

V-Chair Larsen: Was there closure in religious services?

Mrs. Camisa: There was, but we had to pay for those out of our own pocket; before 20 weeks you don't go through a funeral home. I'm not saying a fetal loss certificate would change that. It's just something tangible.

Joe Camisa (10:30-13:25) Testified in favor, please see attachment #1.

Senator Anderson: When Senator Lee says it has ramifications beyond what we're talking about here. You have to look at the future in logical progression. What if we start deciding you should pay for a funeral for that fetus? What if we decide that this applies to everybody from conception on and the state who pays for a funeral for indigent people has to pay for those funerals. It's more than just your choice. There's ramifications beyond your feelings,

for the future if we say now everybody has to have a funeral, everyone has to be buried, and now my county has to pay for those burials.

Senator Piepkorn: You asked us what do you do on Father's Day in church when they ask the fathers to stand, you stand.

Senator Clemens: My daughter had a miscarriage several weeks ago, I understand where you're coming from as a parent.

Senator Kreun: Sanford had some certificate, what did they give you?

Mr. Camisa: What Sanford gave us was more of a memory box, that includes a sheet of paper with a picture of the remembering angel, beyond that they take pictures of the child, in addition to some mementoes. The only document was a \$3,000 bill.

Courtney Kobele, presented Dr. Mary Ann Sens's testimony (18:45-20:25) please see attachment #2.

Darin Meschke, State Registrar, Director, North Dakota State Department of Health's Division of Vital Records (21:00-24:30) testified neutral, please see attachment #3.

Senator Heckaman: Do you remember when we had a Senate bill that provides tax credit for fetal death, is that defined by weeks?

Mr. Meschke: Yes, it is, it's defined by the term fetal death, that's over 20 weeks, this would not alter that bill.

Senator Anderson: In the future you could see the next session somebody might want to extend that down from the 20 weeks to whatever the certificate was issued for a tax credit, that's a likely result of this, I think.

Mr. Meschke: That could be an issue, yes.

Senator Anderson: Is there any advantage, could we modify the national forms so that this would be included in the forms, is there any research we could collect if we recorded deaths from 0-20 weeks?

Mr. Meschke: That was an issue we had concerning the bill, concerning the alteration of a national statistic, previous testimony indicated arbitrary 20 weeks. It is a number that was drawn in the sand years ago. To change that number would be a national change, I don't think one state is going to make the nation change, the fact that this bill is asking us to issue a certificate and not collect statistics. That would be a larger bill, to collect all the miscarriage information that happens around the country. So far that hasn't been a national need.

Senator Anderson: Wouldn't you agree if we're the first state, everything starts somewhere.

Mr. Meschke: There are other states considering legislation like this. Florida for example.

Senator Piepkorn: This is only on the request of the parents.

Mr. Meschke: Yes, if somebody loses a child at 5 weeks, they may not even know they were pregnant. It would be for the later term.

Ian Arendt, Intern (29:30-30:45) Testified neutral, please see attachment #4.

Chair J. Lee: Closed the hearing.

Attachments 5-7 were provided after the hearing for the committee's reference.

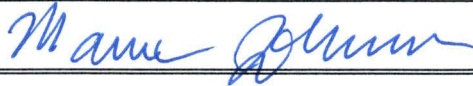
2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1292
3/15/2017
Job Number 28267

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill relating to issuance of a certified copy of a fetal loss; relating to definitions in the Health Statistics Act.

Minutes:

No attachments

Senator Anderson: The information from Ohio (please see attachment #4 from Mar 14 minutes, Job Number 29151), I wouldn't be comfortable in favor of this bill, without language that says, the 4th paragraph, a fetal death certificate for a product of human conception prior to 20 weeks is not proof of a live birth for purposes of federal, state, or local taxes; I would add to that for burial, so that we get the counties out of burying those as well. I can see that happening. I'm not sure I'm in favor of that.

Chair J. Lee: We understand how difficult it is, but it is just not a good precedent to set.

Senator Kreun: Could we encourage anybody that comes to us to go to their hospital for certificate, rather than an actual state document?

Chair J. Lee: Did you look at the stuff from Dr. Sens, she indicates there's a lot of that.

Senator Kreun: If that happens, that would be our statement.

Chair J. Lee: I think an actual death certificate...

Senator Kreun: Even a death certificate that doesn't give cause of death. It's still a death certificate.

Senator Clemens: They didn't call it a death certificate, they called it a certificate of loss. These couples could go to a funeral home and have a service, I don't know that they need a bill to do that.

V-Chair Larsen: I think that even though this was a single issue there coming forward for themselves, when Senator Anderson was crossing the testimony, asking about the

ramifications, I believe it's a life bill, if we pass the bill it won't do anything, it's feel good. Later on down the road it's just another straw in their basket of prolife.

Chair J. Lee: I'm concerned North Dakota passed this bill, and it means life begins at conception. From a legal standpoint we should have some concerns about that. 19 weeks is one thing; 3 weeks is another matter. In the first couple of months, there are a lot of spontaneous abortions.

V-Chair Larsen: It's the same thing around the heartbeat bill, I would think.

Senator Clemens: I'm one of those that believes that life begins at conception, but I don't think I'm in favor of this bill.

Senator Piepkorn: I move Do Not Pass

Senator Anderson: Second

A roll call vote was taken.

Motion passes 5-2-0.

Chair J. Lee will carry.

Chair J. Lee: closed the meeting.

Date: 3/15 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1292

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: _____

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By Sen. Piepkorn Seconded By Sen. Anderson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman		X
Senator Oley Larsen (Vice-Chair)		X	Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 5 No 2

Absent 0

Floor Assignment Sen. Lee

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1292, as engrossed: Human Services Committee (Sen. J. Lee, Chairman)
recommends **DO NOT PASS** (5 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed HB 1292 was placed on the Fourteenth order on the calendar.

2017 TESTIMONY

HB 1292

OH 1 HB1292
1-25-17

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1292

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5. "Electronic death registration system" means the electronic death registration system maintained by the state department of health.
6. "Facts of death" means the demographic and personal information pertaining to an individual's death.
7. "Fetal death" or "birth resulting in stillbirth" means death occurring before the complete expulsion or extraction from its mother of a product of human conception. The death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.
8. "Filing" means the presentation of a record, report, or other information provided for in this chapter of a birth, death, fetal death, adoption, marriage, divorce, or other event as specified by the state health officer for registration by the state registrar.

9. "Final disposition" means the burial, interment, cremation, removal from the state, or other disposition of a dead body or fetus.
10. "Health statistics" means data derived from records of birth, death, fetal death, marriage, divorce, or other records relating to the health of the populace or the state of the environment.
11. "Institution" means any establishment, public or private, which provides inpatient medical, surgical, or diagnostic care or treatment, or nursing, custodial, or domiciliary care to two or more individuals unrelated by blood, or to which individuals are committed by law.
12. "Live birth" means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.
13. "Medical certification" means the medical information pertaining to an individual's death, including the cause and manner of death.
14. "Miscarriage of birth" means the expulsion of a fetus from the womb, spontaneously or as a result of an accident, before twenty weeks gestation.
15. "Personal or real property interests" means ownership or other legal rights or duties concerning personal or real property.
- ~~15-16.~~ "Physician" means an individual authorized or licensed to practice medicine or osteopathy under chapter 43-17.
- ~~16-17.~~ "Registration" means the acceptance by the state registrar and incorporation into official records, reports, or other records provided for in this chapter, of birth, death, fetal death, marriage, divorce, or other records as may be determined by the state health officer.
- ~~17-18.~~ "Relative" means an individual's current or surviving spouse, a parent or legal guardian, a child, a grandparent, or a grandchild. The state registrar may require proof of the relationship.
- ~~18-19.~~ "Subregistrar" means a funeral director or other suitable individual from a licensed funeral home who is appointed by the state registrar for the purpose of issuing burial-transit permits.
- ~~19-20.~~ "System of health statistics tabulation and analysis" includes the tabulation, analysis, and presentation or publication of statistical data derived from health statistics.
- ~~20-21.~~ "System of vital records registration" includes the registration, collection, preservation, amendment, and certification of birth, death, fetal death, marriage, divorce, or other records as may be determined necessary by the state health officer or the state health officer's designee.

SECTION 2. A new section to chapter 23-02.1 of the North Dakota Century Code is created and enacted as follows:

Fetal loss.

The state registrar may issue a certified copy of a fetal loss to an individual who experiences a documented miscarriage of birth, if the individual provides to the state registrar a completed fetal loss request form established by the state department of health which is signed by the mother or the father and a letter signed by a hospital, physician, or other medical attendant documenting proof of pregnancy and fetal loss."

Renumber accordingly

AH. 2
HB 1292
1-25-17

Members of the committee,

My name is Patricia Camisa, and I am here to represent myself, and other parents and mothers unable to speak of their loss. I am here to testify in favor of Bill 1292, allowing parents who experience miscarriage to apply for a certificate of life.

On February 16th 2016 my water broke and I went in to labor while at work. I was 19 weeks and 5 days along in my pregnancy. After getting into labor and delivery, I spent the next 15 hours in and out of intense labor, trying to deliver a baby that I knew in the end would not cry when he was born. At nine in the morning on February 17th, Thomas David Camisa was born. He was 9.7 ounces and 10 inches long.

After the initial shock wore off, I was surprised at the fact that we were unable to receive a birth certificate or death certificate simply because I had missed the twenty-week requirement by two days. I also found this puzzling because North Dakota had made a statement recognizing life six weeks after conception.

It may seem trivial that these documents were not issued to us, but unless you have lost a child to miscarriage you will never understand the heartache you go through, the work of the childbirth you go through, to in the end, essentially be told that technically your child did not exist.

I strongly urge you to vote in favor of Bill 1292. One in four women will miscarry at some point in their lives. Please bring closure to those who have lost something that they can never get back.

Patricia Camisa

Mandan, ND

CH. 3.
HB 1292
1-25-17

Mr. Chairman and members of the committee,

My name is Joseph Camisa and I stand before you representing myself. I am grateful for the opportunity to testify before the committee in favor of House Bill 1292, authorizing the creation of memorial birth certificates

On February 17th, 2016, my wife was 19 weeks into her pregnancy when my son Thomas David was born. When he arrived and I had the opportunity to hold him for the first time, I noticed he had 10 perfectly formed fingers, 10 perfectly formed toes, and he had my wife's nose. No one would have been able to tell if he was 19 or 20 weeks into his development.

When we asked the hospital about birth and death documentation, my wife and I were told that such documentation is not produced for miscarriages occurring under 20 weeks of pregnancy. Simply because Thomas arrived two days too early, our son did not officially exist. Beyond the funeral we had to plan, the only proof of Thomas we had was the heartache, a memory box given to us by the hospital, and the full medical expenses of child delivery.

By voting in favor of this bill, each and every member of this committee is helping grief stricken parents achieve some sense of closure in their loss. To understand that it is alright to celebrate the joyful moments with that child. And to see on paper that the State of North Dakota officially recognizes them as parents.

I strongly urge you to vote in favor of House Bill 1292.

Thank you,

Joseph A. Camisa, Jr.
Mandan, ND

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Mr. Chairman and members of the committee,

My name is Joseph Camisa and I stand before you representing myself. I am grateful for the opportunity to testify before the committee in favor of House Bill 1292, authorizing the creation of memorial birth certificates

On February 17th, 2016, my wife was 19 weeks into her pregnancy when my son Thomas David was born. When he arrived and I had the opportunity to hold him for the first time, I noticed he had 10 perfectly formed fingers, 10 perfectly formed toes, and he had my wife's nose. No one would have been able to tell if he was 19 or 20 weeks into his development.

When we asked the hospital about birth and death documentation, my wife and I were told that such documentation is not produced for miscarriages occurring under 20 weeks of pregnancy. Simply because Thomas arrived two days too early, our son did not officially exist. Beyond the funeral we had to plan, the only proof of Thomas we had was the heartache, a memory box given to us by the hospital, and the full medical expenses of child delivery.

By voting in favor of this bill, each and every member of this committee is helping grief stricken parents achieve some sense of closure in their loss. To understand that it is alright to celebrate the joyful moments with that child. And to see on paper that the State of North Dakota officially recognizes them as parents.

I strongly urge you to vote in favor of House Bill 1292.

Thank you,

Joseph A. Camisa, Jr.
Mandan, ND

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March 14, 2017

Senate Human Services Committee

Chair Judy Lee

HB 1292

Testimony of Mary Ann Sens, MD

Honorable members of the Senate Committee

I am presenting testimony against the passage of HB 1292 while strongly supporting the concepts of respective caring and programs for women and families experiencing the death of an unborn child in early pregnancy. In the 1980s, I was involved in very early (and at that time somewhat radical) programs for grief support following a loss in early pregnancy and institution of tangible validation and remembrances (such as mementos, impressions of little feet/hands, burial clothing and containers, etc.) for the families experiencing such loss. These programs, and others, should be encouraged in health facilities providing pregnancy support and care. Religious and spiritual programs should be available, sensitive and respectful of these losses and needs of women and families. These needs will vary considerably for each pregnancy and family; care is needed to structured and individually support this medical event. However, utilization of the state vital records systems to record and certify losses prior to 20 weeks gestation should not occur.

The vital records system is tied nationally to vital records recording; most fields are strictly standardized to allow for accurate tracking and reporting of births and deaths nationally (and internationally). Pregnancy losses before 20 weeks are NOT tracked or reported by other states. The information detailed on a fetal death certificate is designed for pregnancy longer than 20 weeks. We would be mixing data and potentially erroneous reporting if losses prior to 20 weeks is included.

There are further technical issues with this concept. The proof required for reporting will vary and may be inaccurate; thus potentially excluding some individuals. Many families may not want this state involvement in their loss. Many of the requirements and fields of the fetal death and/or birth certificate would not apply to these early pregnancy losses or would be unknown. Finally, from a medical perspective, these losses are much more common in the first trimester than in past the 20-week mark. There could be significant increases in personnel and work from vital statistics if fully utilized. This would be efforts which could not be recorded nationally and potentially could degrade or impair the efforts to accurately report the nationally required metrics of births and fetal losses past 20 weeks

In conclusion, this is NOT a state vital records recording solution. Early pregnancy losses must be sensitively and respectfully acknowledged in the unique needs of the family involved. This must come from health care, spiritual, family and religious support designed and centered on

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the individual and the individual family. State recording and intrusion is not a solution. It would create administrative, legal and recording difficulties, cause potential increases in state personnel and expense and potentially risk accurate data for pregnancy loss and birth data from North Dakota.

Thank you for considering my concerns.

Mary Ann Sens, MD

Grand Forks, ND

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Testimony
House Bill 1292
Senate Human Services Committee
Monday, March 14, 2017; 9:30 a.m.
North Dakota Department of Health

Good morning, Chairman Lee and members of the Human Services Committee. My name is Darin Meschke. I am the State Registrar and the Director of the North Dakota Department of Health's Division of Vital Records. I am here today to provide neutral testimony on House Bill 1292.

The original bill heard in the House was a seemingly simple bill. It would have allowed any person, as well as the Department of Health, the right to issue a memorial birth certificate, regardless of whether the birth is a live birth. Once my office had a chance to review it, we felt this simple statement created fraud issues regarding our birth certification and registration processes. After a few discussions with several of the bill sponsors, the Department of Health offered this new version of the bill that you have before you today.

This new version of the bill will clearly define a miscarriage of birth as the expulsion of the fetus prior to 20 weeks of gestation. Previously these events were not defined and there was confusion between these events and fetal deaths.

The bill further allows the mother or the father of the fetus lost during this event to request a certificate of fetal loss from my office, which will document the facts of the event. Since these events are not and will not be formally registered by the Department of Health the facts must be documented by a letter signed by a hospital, physician or other medical attendant documenting proof of pregnancy and the fetal loss. My division will then prepare this new certificate and issue a certified copy to the parents. This new certificate is only documenting the facts detailed in the letter. My office is not creating a new vital event as the result of this bill, but rather officially documenting the facts of the miscarriage as outlined by the letter.

The Department of Health believes that this version of the bill meets the intended needs of the sponsors. The Division of Vital Records will need to make minor changes to our receipting system to allow us to track the requests for these new certificates. We believe that these costs will be minimal and can be addressed within the current biennium's budget. The cost to the general public for this new certificate will be \$5.00 for the first copy and \$2.00 for each additional copy issued at the same time as currently allowed by NDCC 23-02.1-29. This concludes my testimony and I would be happy to answer any questions you may have.

3705.20 Fetal death certificate.

(A) The fetal death of the product of human conception of at least twenty weeks of gestation shall be registered a fetal death certificate.

On application of either parent, the fetal death of the product of human conception prior to twenty weeks of gestation shall be registered on a fetal death certificate, except that the fetal death certificate shall not list the cause of death.

The parent shall include with the application a copy of the statement required by division (B)(1) of section 3727.16 or division (B)(1) of section 4731.82 of the Revised Code. If the father submits the application, he shall also include with it a signed and notarized document from the mother attesting that she voluntarily provided the father with a copy of the statement.

A fetal death certificate for the product of human conception prior to twenty weeks gestation is not proof of a live birth for purposes of federal, state, and local taxes.

(B) The product of human conception of at least twenty weeks of gestation that suffers a fetal death occurring in Ohio shall not be interred, deposited in a vault or tomb, cremated, or otherwise disposed of by a funeral director or other person until a fetal death certificate or provisional death certificate has been filed with and a burial permit is issued by the local registrar of vital statistics of the registration district in which the fetal death occurs, or the body is found.

A burial permit for the product of human conception that suffers a fetal death prior to twenty weeks of gestation shall be issued by the local registrar of vital statistics of the registration district in which the fetal death occurs if either parent files a fetal death certificate with that registrar.

(C)

(1) The department of health and the local registrar shall keep a separate record and index record of fetal death certificates.

(2) The personal or statistical information on the fetal death certificate shall be obtained by the funeral director or other person in charge of interment or cremation from the best qualified persons or sources available.

(D) When a burial permit is issued under division (B) of this section for the product of human conception of at least twenty weeks of gestation that suffers a fetal death, the local registrar shall inform the parent or parents listed on the fetal death certificate or provisional death certificate of the option of applying for a certificate that is issued under division (B)(3) of section 3705.23 of the Revised Code.

Amended by 130th General Assembly File No. 68, HB 95, §1, eff. 6/3/2014.

Effective Date: 03-16-1989; 2008 SB175 09-12-200.

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**Sixty-fifth Legislative Assembly of North Dakota
In Regular Session Commencing Tuesday, January 3, 2017**

HOUSE BILL NO. 1239

(Representatives K. Koppelman, Brabandt, Karls, Kasper, B. Koppelman, McWilliams, M. Nelson,
Olson, Skroch, Sukut)
(Senators Erbele, D. Larson)

AN ACT to create and enact a new subdivision to subsection 2 of section 57-38-30.3 of the North Dakota Century Code, relating to an individual income tax deduction for a birth resulting in stillbirth; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new subdivision to subsection 2 of section 57-38-30.3 of the North Dakota Century Code is created and enacted as follows:

Reduced by an amount equal to the exemption available for a qualifying child under section 152 of the Internal Revenue Code [26 U.S.C. 152], as amended, for each birth resulting in stillbirth, as defined in section 23-02.1-01, for which a fetal death certificate has been filed under section 23-02.1-20. For purposes of this subdivision, the exemption may only be claimed in the taxable year in which the stillbirth occurred.

SECTION 2. EFFECTIVE DATE. This Act is effective for taxable years beginning after December 31, 2016.

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3/14

Lee, Judy E.

From: Sens, Mary <mary.sens@med.und.edu>
Sent: Thursday, March 9, 2017 12:22 PM
To: Lee, Judy E.
Subject: Re: HB 1292

Follow Up Flag: Follow up
Flag Status: Flagged

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Wow. This appears to do just that. In addition, medically this is wrought with difficulties. I am not aware of other states or CDC wanting this data. If desired I can ask nationally. I would also be wary of bills wanting a manner of death for stillborns.

I am on a short vacation break today and tomorrow, then at a research meeting until next Thursday. I can call at you convenience now if desired or spend more time / thoughts on this when I return

Thanks for asking me about this. Hopefully is opposed by nd medical society, although they strive to avoid stands on similar issues.

Thanks Mary Ann

ent from my iPhone

> On Mar 8, 2017, at 7:23 PM, Lee, Judy E. <jlee@nd.gov> wrote:
>
> Mary Ann -
> Next week we'll hear HB 1292 which calls for a death certificate for a fetal death in a miscarriage. Perhaps I'm overthinking this, but I'm wondering if this ties in at all with the position of life beginning at conception. Do you have any thoughts about this?
>
>
> Senator Judy Lee
> 1822 Brentwood Court
> West Fargo, ND 58078
> Phone: 701-282-6512
> e-mail: jlee@nd.gov
>

HB 1292
#7
3/14

Lee, Judy E.

Subject: FW: HB1292 Comments.docx

From: Sens, Mary [mailto:mary.sens@med.und.edu]
Sent: Monday, March 13, 2017 9:20 AM
To: Lee, Judy E. <jlee@nd.gov>; Courtney Koebele <courtney@ndmed.com>
Subject: Re: HB1292 Comments.docx

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I spoke to Darin Mische (head of ND vital records). I understand the intent and that he modified the bill however I remain concerned and opposed. I do not think we need more government regulations and expression of sympathy for those who can pay the fees. This remains a family, spiritual, health system, religious and private matter. My sympathy to all the families but there are better ways to do this

Sent from my iPhone

On Mar 12, 2017, at 9:46 PM, Sens, Mary <mary.sens@med.und.edu> wrote:

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Good to know the background. Sensitivity will be key. So sad when these losses occur, especially mid pregnancy onward

Infant deaths vary. In contrast to most deaths, which we try and complete in 30 days, most infant deaths take at least twice that and if the is unexplained or unexpected findings/trauma, over 90 days. We usually are in constant contact with families during this time. Also as an FYI, we often will make a family mementos or casts of feet or hands. In most cases the families want to meet in person also.

Mary Ann

Sent from my iPhone

On Mar 12, 2017, at 3:01 PM, Sens, Mary <mary.sens@med.und.edu> wrote:

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they are safe.

Here are some of my thoughts. I will be in Baltimore (pending snow storm) for a research meeting. One of our students has won a major award there. Hopefully will be back in Grand Forks on Thursday.

Thank you Senator Lee for catching this. There are simply much better and more sensitive ways to meet the needs of those with an early pregnancy loss.

Mary Ann

<HB1292 Comments.docx>