Amendment - 1st Reading-white - Requested by: Lola Sheldon-Galloway - (H) Human Services

- 2023 68th Legislature 2023

68th Legislature 2023 Drafter: Milly Allen, 406-444-9280 HB0873.001.002

1	HOUSE BILL NO. 873
2	INTRODUCED BY L. SHELDON-GALLOWAY
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4	A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR THE DIGNIFIED TREATMENT OF AND
5	DISPOSITION OF FETAL REMAINS FOLLOWING A SPONTANEOUS MISCARRIAGE OR ABORTION;
6	PROVIDING RULEMAKING AUTHORITY; PROVIDING DEFINITIONS; PROVIDING AN APPROPRIATION;
7	AMENDING SECTIONS 37-19-101 AND 50-20-105, MCA; AND PROVIDING AN EFFECTIVE DATE."
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9	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
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11	NEW SECTION. Section 1. Disposition of fetal remains duties of health care provider
12	authority of parent or parents. (1) Immediately after a spontaneous miscarriage of a fetus that is 8 or more
13	weeks gestational age or an abortion of a fetus that is 8 or more weeks gestational age, a health care provider
14	shall:
15	(a) disclose to the parent or parents of the fetus, both orally and in writing, the right of the parent o
16	parents to determine the final disposition of the fetal remains; and
17	(b) provide the parent or parents of the fetus with written information concerning but not limited to:
18	(i) the 10-business-day timeframe for determining the final disposition of fetal remains;
19	(ii) the available options for disposition of the fetal remains;
20	(iii) the right of the parent or parents to take the fetal remains and to determine the final disposition
21	themselves; and
22	(iv) the health care provider's procedure for the final disposition of fetal remains in accordance with
23	subsection (4)(b)(ii).
24	(2) (a) Within 10 business days after a spontaneous miscarriage or an abortion, the parent or
25	parents of a miscarried or aborted fetus shall inform the health care provider of the parent's or parents' decision
26	for the final disposition of the fetus after receiving the information required under subsection (1).
27	(b) The health care provider shall document the parent's or parents' decision in the medical record



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1 (c) If the parent or parents are under 18 years of age and have not been emancipated by court 2 order, the documentation must include consent of their parent or parents. 3 (3) If the parent or parents of the miscarried or aborted fetus choose a method of disposition other 4 than the method of final disposition utilized by the health care provider under subsection (4)(b)(ii), the parent or 5 parents are responsible for the costs related to the final disposition of the fetus. 6 Following a spontaneous miscarriage or abortion, the health care provider shall: (4) 7 ensure that the fetal remains are retained until final disposition is arranged. If the remains are (a) 8 stored by the health care provider, the remains must be stored: 9 (i) in the same manner as human remains and not as pathological waste; and 10 (ii) at no cost to the parent or parents; and 11 (b) provide for the final disposition of the fetal remains by: 12 (i) releasing fetal remains to the parent or parents immediately on request; or cremating or interring the fetal remains within 10 business days after the parent or parents 13 (ii) 14 decline to take responsibility for the remains or after no determination has been made by the parent or parents 15 within the initial 10-business-day timeframe described in subsection (2)(a). 16 (5) The department shall design and adopt in administrative rule a form that a health care provider 17 shall complete for each spontaneous miscarriage or abortion. The form may not include information that could 18 be used to personally identify the parent or parents of the fetus, but must document: 19 (a) the age of the parent or parents of the fetal remains; 20 (b) a designation of the final disposition of the fetal remains; and 21 any other information required by the department, including but not limited to: (c) 22 the gestational age of the fetus; (i) 23 (ii) the sex of the fetus; 24 (iii) whether the fetus was part of a multiple birth or multiple fetus pregnancy; and 25 (iv) any other information that could aid in developing an understanding of the causes of 26 spontaneous miscarriage. 27 (6) For the purposes of this section, the following terms apply:



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1 (a) "Cremating" has the same meaning as "cremation" provided in 37	-19-10)1.
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- (b) "Interring" has the same meaning as "interment" provided in 37-19-101.
- (c) "Pathological waste" means human tissues, organs, and blood or body fluids in liquid or
 semiliquid form that are removed from a person for medical purposes. The term does not include amputations
 or fetal remains.
 - (d) "Spontaneous miscarriage" means the natural or accidental termination of a pregnancy and the expulsion of the fetus, typically caused by genetic defects in the fetus or physical abnormalities in the pregnant woman.

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- **Section 2.** Section 37-19-101, MCA, is amended to read:
- "37-19-101. Definitions. Unless the context requires otherwise, in this chapter, the followingdefinitions apply:
- 13 (1) "Arrangements" includes:
 - (a) planning the details of funeral service, including time of service, type of service, and, if requested, acquiring the services of clergy;
 - (b) obtaining the necessary information for filing death certificates;
 - (c) comparing or discussing prices, including merchandise prices and financial arrangements; and
- 18 (d) providing for onsite direction and coordination of participants and onsite direction, coordination, 19 and facilitation at funeral, graveside, or memorial services or rites.
 - (2) "At-need arrangements" means arrangements made by an authorized person on behalf of a deceased.
 - (3) "Authorizing agent" means a person legally entitled to order the final disposition of human remains, including burial, cremation, entombment, donation to medical science, or other means. The order of preference for an authorizing agent is subject to the priority of rights of disposition established in 37-19-904.
 - (4) "Board" means the board of funeral service provided for in 2-15-1743.
- 26 (5) "Branch establishment" means a separate facility that may or may not have a suitable visitation 27 room or preparation room and that is owned by, a subsidiary of, or otherwise financially connected to or

