Sixty-third Legislative Assembly of North Dakota

SENATE BILL NO. 2368

Introduced by

Senators Miller, Campbell, Schaible

Representatives B. Koppelman, Larson, Rohr

1 A BILL for an Act to provide a legislative declaration; to create and enact foura new

2 sectionssection to chapter 14-02.1 and a new subsection to section 43-17-31 of the North

3 Dakota Century Code, relating to limitations on and penalties for performing-or inducing an

4 abortion or attempts to perform or induce an abortion and to grounds for disciplinary action for

5 physicians; to amend and reenact sections <u>14-02.1-01</u>, 14-02.1-02, and 14-02.1-07 of the North

6 Dakota Century Code, relating to definitions and reporting requirements; and to provide a

7 penalty.

8 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

9	SECTION 1.				
10	<u>— Declaration of facts.</u>				
11	<u>— 1. The legislative assembly declares that:</u>				
12	a. Pain receptors (nociceptors) are present throughout an unborn child's entire body				
13	and nerves link these receptors to the brain's thalamus and subcortical plate by				
14	no later than twenty weeks;				
15	<u>b. By eight weeks after fertilization, an unborn child reacts to touch and after twenty</u>				
16	weeks, the unborn child reacts to stimuli that would be recognized as painful if				
17	applied to an adult human, for example, by recoiling;				
18	<u>c. In an unborn child, application of painful stimuli is associated with significant</u>				
19	increases in stress hormones known as the stress response;				
20	d. Subjection to painful stimuli is associated with long-term harmful				
21	neurodevelopmental effects, such as altered pain sensitivity and, possibly,				
22	emotional, behavioral, and learning disabilities later in life;				

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1	e. For the purposes of surgery on unborn children, fetal anesthesia is routinely	
2	administered and is associated with a decrease in stress hormones compared to	
3	when painful stimuli are applied without anesthesia;	
4	f. The position, asserted by some medical experts, that an unborn child is	
5	incapable of experiencing pain until a point later in pregnancy than twenty weeks	
6	after fertilization predominately rests on the assumption that the ability to	
7	experience pain depends on the cerebral cortex and requires nerve connections	
8	between the thalamus and the cortex; however, recent medical research and	
9	analysis, especially since 2007, provides strong evidence for the conclusion that	
10	a functioning cortex is not necessary to experience pain;	
11	g. Substantial evidence indicates that children born missing the bulk of the cerebral	
12	cortex, those with hydranencephaly, nevertheless experience pain;	
13	h. In adults, stimulation or ablation of the cerebral cortex does not alter pain	
14	perception, while stimulation or ablation of the thalamus does;	
15	<u>i. Substantial evidence indicates that structures used for pain processing in early</u>	
16	development differ from those of adults, using different neural elements available	
17	at specific times during development, such as the subcortical plate, to fulfill the	
18	role of pain processing;	
19	j. The position, asserted by some medical experts, that the unborn child remains in	
20	a coma-like sleep state that precludes the unborn child experiencing pain is	
21	inconsistent with the documented reaction of unborn children to painful stimuli	
22	and with the experience of fetal surgeons who have found it necessary to sedate	
23	the unborn child with anesthesia to prevent the unborn child from thrashing about	
24	in reaction to invasive surgery; and that,	
25	<u><u>k.</u> <u>Consequently, there is substantial medical evidence that an unborn child is</u></u>	
26	capable of experiencing pain by twenty weeks after fertilization.	
27	<u>2. The legislative assembly declares there is a compelling state interest in protecting</u>	
28	the lives of unborn children from the stage at which substantial medical evidence	
29	indicates that unborn children are capable of feeling pain and this compelling state	
30	interest is in addition to North Dakota's compelling state interest in protecting the lives	

1		of unborn children from the stage of viability, and neither state interest is intended to					
2		replace the other.					
3	SECTION 2. AMENDMENT. Section 14-02.1-01 of the North Dakota Century Code is						
4	amende	ed and reenacted as follows:					
5	14-	02.1-01. Purpose.					
6	The	e purpose of this chapter is to protect unborn human life and maternal health within					
7	present	constitutional limits. It reaffirms the tradition of the state of North Dakota to protect every-					
8	human	life whether unborn or aged, healthy or sick The purpose of this section is to protect the					
9	state's o	compelling interest in the unborn human life from the time the unborn child is capable of					
10	feeling	pain.					
11	SE	CTION 3. AMENDMENT. Section 14-02.1-02 of the North Dakota Century Code is					
12	amende	ed and reenacted as follows:					
13	14-	02.1-02. Definitions.					
14	As	used in this chapter:					
15	1.	"Abortion" means the act of using or prescribing any instrument, medicine, drug, or					
16		any other substance, device, or means with the intent to terminate the clinically					
17		diagnosable intrauterine pregnancy of a woman, including the elimination of one or					
18		more unborn children in a multifetal pregnancy, with knowledge that the termination by					
19	those means will with reasonable likelihood cause the death of the unborn child. Such						
20	use, prescription, or means is not an abortion if done with the intent to:						
21		a. Save the life or preserve the health of the unborn child;					
22		b. Remove a dead unborn child caused by spontaneous abortion; or					
23		c. Treat a woman for an ectopic pregnancy.					
24	2.	"Abortion facility" means a clinic, ambulatory surgical center, physician's office, or any					
25		other place or facility in which abortions are performed or prescribed, other than a					
26		hospital.					
27	3.	"Abortion-inducing drug" means a medicine, drug, or any other substance prescribed					
28	I	or dispensed with the intent of causing an abortion.					
29	4.	"Attempt to perform or induce an abortion" means an act, or an omission of a					
30		statutorily required act, that, under the circumstances as the actor believes them to be,					

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1		constitutes a substantial step in a course of conduct planned to culminate in the						
2		performance or induction of an abortion in this state in violation of this chapter.						
3	<u> <u>5. </u></u>	-"Drug label" means the pamphlet accompanying an abortion-inducing drug which						
4		outlines the protocol tested and authorized by the federal food and drug administration						
5		and agreed upon by the drug company applying for the federal food and drug						
6		administration authorization of that drug. Also known as "final printing labeling						
7		instructions", drug label is the federal food and drug administration document that						
8		delineates how a drug is to be used according to the federal food and drug						
9	1	administration approval.						
10	5. <u>6.</u>	"Fertilization" means the fusion of a human spermatozoon with a human ovum.						
11	<u>7.6.</u>	"Hospital" means an institution licensed by the state department of health under						
12	1	chapter 23-16 and any hospital operated by the United States or this state.						
13	6.<u>8.</u>7.	"Human being" means an individual living member of the species of homo sapiens,						
14		including the unborn human being during the entire embryonic and fetal ages from						
15	1	fertilization to full gestation.						
16	7.<u>9.</u> 8.	"Infant born alive" means a born child which exhibits either heartbeat, spontaneous						
17		respiratory activity, spontaneous movement of voluntary muscles or pulsation of the						
18	1	umbilical cord if still attached to the child.						
19	8.<u>10.</u>9.	"Informed consent" means voluntary consent to abortion by the woman upon whom						
20		the abortion is to be performed or induced provided that:						
21		a. The woman is told the following by the physician who is to perform the abortion,						
22		by the referring physician, or by the physician's agent, at least twenty-four hours						
23		before the abortion:						
24		(1) The name of the physician who will perform the abortion;						
25		(2) The abortion will terminate the life of a whole, separate, unique, living						
26		human being;						
27		(3) The particular medical risks associated with the particular abortion						
28		procedure to be employed including, when medically accurate, the risks of						
29		infection, hemorrhage, danger to subsequent pregnancies, and infertility;						
30		(4) The probable gestational age of the unborn child at the time the abortion is						
31		to be performed; and						

1			(5) The medical risks associated with carrying her child to term.
2		b.	The woman is informed, by the physician or the physician's agent, at least
3			twenty-four hours before the abortion:
4			(1) That medical assistance benefits may be available for prenatal care,
5			childbirth, and neonatal care and that more detailed information on the
6			availability of that assistance is contained in the printed materials given to
7			her as described in section 14-02.1-02.1;
8			(2) That the printed materials given to her and described in section
9			14-02.1-02.1 describe the unborn child and list agencies that offer
10			alternatives to abortion;
11			(3) That the father is liable to assist in the support of her child, even in
12			instances in which the father has offered to pay for the abortion; and
13			(4) That she is free to withhold or withdraw her consent to the abortion at any
14			time without affecting her right to future care or treatment and without the
15			loss of any state or federally funded benefits to which she might otherwise
16			be entitled.
17		C.	The woman certifies in writing, prior to the abortion, that the information
18			described in subdivisions a and b has been furnished to her.
19		d.	Before the performance of the abortion, the physician who is to perform or induce
20			the abortion or the physician's agent receives a copy of the written certification
21			prescribed by subdivision c.
22		e.	The physician has not received or obtained payment for a service provided to a
23			patient who has inquired about an abortion or has scheduled an abortion before
24	1		the twenty-four-hour period required by this section.
25	9.<u>11.</u>10.	"Me	edical emergency" means a condition that, in reasonable medical judgment, so
26		con	nplicates the medical condition of the pregnant woman that it necessitates an
27		imn	nediate abortion of her pregnancy without first determining postfertilization age to
28		ave	ert her death or for which the twenty-four-hour delay necessary to determine
29		pos	tfertilization age will create serious risk of substantial and irreversible physical
30		imp	airment of a major bodily function, not including psychological or emotional
31		<u>con</u>	ditions. A condition may not be deemed a medical emergency if based on a claim

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1		or diagnosis that the woman will engage in conduct that wouldshe intends to result in			
2		her death or in substantial and irreversible physical impairment of a major bodily			
3	I	function.			
4	10.<u>12.</u>11	. "Physician" means an individual who is licensed to practice medicine or osteopathy			
5		under chapter 43-17 or a physician who practices in the armed services of the United			
6	1	States or in the employ of the United States.			
7	11.<u>13.</u>12	2."Postfertilization age" means the age of the unborn child as calculated from the fusion.			
8		of a human spermatozoon with the human ovumfertilization.			
9	<u> 14.13.</u>	"Probable gestational age of the unborn child" means what, in reasonable medical			
10		judgment, will with reasonable probability be the gestational age of the unborn child at			
11	1	the time the abortion is planned to be performed.			
12	<u> 15.14.</u>	"Probable postfertilization age of the unborn child" means what, in reasonable medical			
13		judgment, will with reasonable probability be the postfertilization age of the unborn			
14	1	child at the time the abortion is planned to be performed or induced.			
15	12.<u>16.</u>15	5. "Reasonable medical judgment" means a medical judgment that would be			
16		made by a reasonably prudent physician, knowledgeable about the case and the			
17	1	treatment possibilities with respect to the medical conditions involved.			
18	13.<u>17.</u>16	"Unborn child" means the offspring of human beings from conception until birth.			
19	14.<u>18.</u>17	"Viable" means the ability of an unborn child to live outside the mother's womb,			
20		albeit with artificial aid.			
21	SEC	CTION 4. A new section to chapter 14-02.1 of the North Dakota Century Code is created			

22 and enacted as follows:

23 Determination of postfertilization age - Abortion of unborn child of twenty or more 24 weeks postfertilization age prohibited.

25 <u>1.</u> Except in the case of a medical emergency, an abortion may not be performed or

- 26 induced or be attempted to be performed or induced unless the physician performing
- 27 or inducing the abortion has first made a determination of the probable postfertilization
- 28 age of the unborn child or relied upon such a determination made by another
- 29 physician. In making the determination, the physician shall make those inquiries of the
- 30 woman and perform or cause to be performed the medical examinations and tests as
- 31 a reasonably prudent physician, knowledgeable about the case and the medical

1		conditions involved, would consider necessary to perform in making an accurate						
2		diagnosis with respect to postfertilization age.						
3	<u>2.</u>							
4		disciplinary action under section 43-17-31.						
5	SEG	CTION 4. A new section to chapter 14-02.1 of the North Dakota Century Code is created						
6	and ena	acted as follows:						
7	<u>—_Abc</u>	ortion of unborn child of twenty or more weeks postfertilization age prohibited.						
8	<u> <u> </u></u>	AExcept in the case of a medical emergency, a person may not perform or induce or						
9		attempt to perform or induce an abortion upon a woman when it has been determined,						
10		by the physician performing or inducing or attempting to perform or induce the abortion						
11		or by another physician upon whose determination that physician relies, that the						
12		probable postfertilization age of the woman's unborn child is twenty or more weeks,						
13		unless, in reasonable medical judgment, the woman has a condition that so						
14	complicates her medical condition as to necessitate the abortion of her pregnancy to							
15		avert her death or to avert serious risk of substantial and irreversible physical						
16		impairment of a major bodily function, not including psychological or emotional						
17		conditions. Such greater risk may not be deemed to exist if it is based on a claim or						
18		diagnosis that the woman will engage in conduct that she intends to result in her						
19		health or in substantial and irreversible physical impairment of a major bodily function.						
20	<u> <u> </u></u>	If an abortion upon a woman whose unborn child has been determined to have a						
21		probable postfertilization age of twenty or more weeks is not prohibited by						
22		subsection 1, the physician shall terminate the pregnancy in the manner which, in						
23		reasonable medical judgment, provides the best opportunity for the unborn child to						
24		survive, unless, in reasonable medical judgment, termination of the pregnancy in that						
25		manner would pose a greater risk either of the death of the pregnant woman or of the						
26		substantial and irreversible physical impairment of a major bodily function, not						
27		including psychological or emotional conditions, of the woman than would other						
28		available methods. Such greater risk may not be deemed to exist if it is based on a						
29		claim or diagnosis that the woman will engage in conduct that she intends to result in						
30		her death or in substantial and irreversible physical impairment of a major bodily						
31		function.						

1	SECTION 5. AMENDMENT. Section 14-02.1-07 of the North Dakota Century Code is				
2	amended and reenacted as follows:				
3	14-02.1-07. Records required - Reporting of practice of abortion.				
4	1.	1. Records:			
5		a.	All a	abortion facilities and hospitals in which abortions are performed shall keep	
6			reco	ords, including admission and discharge notes, histories, results of tests and	
7			exa	minations, nurses' worksheets, social service records, and progress notes,	
8			and	shall further keep a copy of all written certifications provided for in this	
9			cha	pter as well as a copy of the constructive notice forms, consent forms, court	
10			orde	ers, abortion data reports, adverse event reports, abortion compliance reports,	
11			and	complication reports. All <u>In addition, all</u> abortion facilities shall keep the	
12			<u>follo</u>	wing records of the:	
13			(1)	The number of women who availed themselves of the opportunity to receive	
14				and view an ultrasound image of their unborn children pursuant to section	
15				14-02.1-04, and the number who did not; and of each of those numbers, the	
16				number who, to the best of the reporting abortion facility's information and	
17				belief, went on to obtain the abortion. Records must be maintained in the-	
18				permanent files of the hospital or abortion facility for a period of not less-	
19				than seven years.	
20			<u>(2)</u>	Postfertilization age:	
21				(a) If a determination of probable postfertilization age was made, whether	
22				ultrasound was employed in making the determination, and the week	
23				of probable postfertilization age determined.	
24				(b) If a determination of probable postfertilization age was not made, the	
25				basis of the determination that a medical emergency existed.	
26			<u>(3)</u>	Method of abortion and which of the following was employed:	
27				(a) Medication abortion, such as mifepristone/misoprostol or	
28				methorexate/misoprostol.	
29				(b) Manual vacuum aspiration.	
30				<u>(c)</u> <u>Electrical vacuum aspiration.</u>	
31				(d) Dilation and evacuation.	

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1	1 (e) Combined induc	tion abortion and dilation and evacuation.			
2	2 (f) Induction abortic	n with prostaglandins.			
3	3 (<u>g)</u> Induction abortic	n with intra-amniotic instillation such as saline or			
4	4 <u>urea.</u>				
5	5 (<u>h) Induction abortic</u>	n, other.			
6	6 <u>(i) Intact dilation an</u>	d extraction.			
7	7 <u>(j) Other method, w</u>	hich must be specified.			
8	8 <u>(4) Whether an intra-fetal</u>	injection was used in an attempt to induce fetal			
9	9 <u>demise, such as intra-</u>	fetal potassium chloride or dogoxin.			
10	0 <u>(5) Age and race of the pa</u>	atient.			
11	1 (6) If the probable postfer	ilization age was determined to be twenty or more			
12	2 weeks, the basis of the	e determination that the pregnant woman has a			
13	3 <u>condition that so comp</u>	licated her medical condition as to necessitate the			
14	4 <u>abortion of her pregna</u>	abortion of her pregnancy to aver her death or to avert serious risk of			
15	5 <u>substantial and irrever</u>	substantial and irreversible physical impairment of a major bodily function,			
16	6 <u>not including psycholo</u>	gical or emotional conditions.			
17	7 (7) If the probable postfer	ilization age was determined to be twenty or more			
18	8 weeks, whether the me	ethod of abortion used was one that, in reasonable			
19	9 <u>medical judgment, pro</u>	vided the best opportunity for the unborn child to-			
20	0 <u>survive and, if such a r</u>	nethod was not used, the basis of the determination			
21	1 <u>that termination of the</u>	pregnancy in that manner would pose a greater risk			
22	2 <u>either of the death of the d</u>	ne pregnant woman or of the substantial and			
23	3 <u>irreversible physical irr</u>	irreversible physical impairment of a major bodily function, not including			
24	4 <u>psychological or emoti</u>	psychological or emotional conditions, of the woman than would other			
25	5 <u>available methods.</u>				
26	6 (a) If a determination	n of probable postfertilization age was not made, the			
27	7 <u>basis of the dete</u>	rmination that a medical emergency existed.			
28	8 (b) If the probable p	ostfertilization age was determined to be twenty or			
29	9 more weeks and	an abortion was performed, the basis of the			
30	0 determination the	at a medical emergency existed.			

- b. The medical records of abortion facilities and hospitals in which abortions are
 performed and all information contained therein must remain confidential and
 may be used by the state department of health only for gathering statistical data
 and ensuring compliance with the provisions of this chapter.
- 5 c. Records must be maintained in the permanent files of the hospital or abortion
 6 facility for a period of not less than seven years.
 - 2. Reporting:

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- 8 An individual abortion compliance report and an individual abortion data report for a. 9 each abortion performed upon a woman must be completed by her attending 10 physician. The abortion data report must be confidential and may not contain the 11 name or the address of the woman whose pregnancy was terminated, except. 12 that each report must contain a unique medical record identifying number to-13 enable matching the report to the patient's medical records. The abortion data 14 report must include the data called for in the United States standard report of 15 induced termination of pregnancy as recommended by the national center for 16 health statistics.
- 17 b. All abortion compliance reports must be signed by the attending physician within 18 twenty-four hours and submitted to the state department of health within ten 19 business days from the date of the abortion. All abortion data and complication 20 reports must be signed by the attending physician and submitted to the state 21 department of health within thirty days from the date of the abortion. If a 22 physician provides an abortion-inducing drug to another for the purpose of 23 inducing an abortion and the physician knows that the individual experiences 24 during or after the use an adverse event, the physician shall provide a written 25 report of the adverse event within thirty days of the event to the state department 26 of health and the federal food and drug administration via the medwatch reporting 27 system. For purposes of this section, "adverse event" is defined based upon the 28 federal food and drug administration criteria given in the medwatch reporting 29 system. If a determination of probable postfertilization age was not made, the 30 abortion compliance report must state the basis of the determination that a 31 medical emergency existed. If the probable postfertilization age was determined

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1			to be twenty or more weeks and an abortion was performed, the abortion
2			compliance report must state the basis of the determination that a medical
3			emergency existed.
4		C.	A copy of the abortion report, any complication report, and any adverse event
5			report must be made a part of the medical record of the patient at the facility or
6			hospital in which the abortion was performed. In cases when post-abortion
7			complications are discovered, diagnosed, or treated by physicians not associated
8			with the facility or hospital where the abortion was performed, the state
9			department of health shall forward a copy of the report to that facility or hospital
10			to be made a part of the patient's permanent record.
11		d.	The state department of health is responsible for collecting all abortion
12			compliance reports, abortion data reports, complication reports, and adverse
13			event reports and collating and evaluating all data gathered from these reports
14			and shall annually publish a statistical report based on data from abortions
15			performed in the previous calendar year. All abortion compliance reports received
16			by the state department of health are public records. Except for disclosure to a
17			law enforcement officer or state agency, the department may not disclose an
18			abortion compliance report without first removing any individually identifiable
19			health information and any other demographic information, including race, marital
20			status, number of previous live births, and education regarding the woman upon
21			whom the abortion was performed.
22		e.	The state department of health shall report to the attorney general any apparent
23			violation of this chapter.
24	<u> <u> </u></u>	By .	July first of each year, the state department of health shall issue a public report
25		prov	viding statistics for the previous calendar year compiled from all of the reports
26		<u>€0¥</u>	ering that year submitted in accordance with this section for each of the items
27		liste	ed in subsection 1. Each report must also provide the statistics for all previous
28		cale	endar years during which this section was in effect, adjusted to reflect any
29		add	itional information from late or corrected reports. The state department of health
30		<u>sha</u>	Il take all steps necessary to ensure that none of the information included in the

1	public reports could reasonably lead to the identification of any pregnant woman upon							
2	whom an abortion was performed, induced, or attempted.							
3								
4	and enacted as follows:							
5	Criminal and civil penalties.							
6	<u>1.</u> <u>Any person who intentionally or recklessly performs or induces or attempts to perform</u>							
7	or induce an abortion in violation of section 2 or 3 of this Act is guilty of a class C							
8	felony. A penalty may not be assessed against the woman upon whom the abortion is							
9	performed or induced or attempted to be performed or induced.							
10								
11	section 2 or 3 of this Act, or the father of the unborn child who was the subject of that							
12	abortion, may maintain an action against the person who performed or induced the							
13	abortion in intentional or reckless violation of section 2 or 3 of this Act for actual and							
14	exemplary damages. Any woman upon whom an abortion has been attempted in							
15	violation of section 2 or 3 of this Act may maintain an action against the person who							
16	attempted to perform or induce the abortion in an intentional or reckless violation of							
17	section 2 or 3 of this Act for actual and exemplary damages.							
18	<u>3. A cause of action for injunctive relief against any person who has intentionally or</u>							
19	recklessly violated section 2 or 3 of this Act may be maintained by the woman upon							
20	whom an abortion was performed or induced or attempted to be performed or inducted	2						
21	in violation of section 2 or 3 of this Act; by any person who is the spouse, parent,							
22	sibling, or guardian of, or a current or former licensed health care provider of, the							
23	woman upon whom an abortion has been performed or induced or attempted to be							
24	performed or induced in violation of section 2 or 3 of this Act; by a state's attorney with							
25	appropriate jurisdiction; or by the attorney general. The injunction must prevent the							
26	abortion provider from performing or inducing or attempting to perform or induce							
27	further abortions in violation of section 2 or 3 of this Act.							
28	<u>4. If judgment is rendered in favor of the plaintiff in an action provided for under this</u>							
29	section, the court also shall render judgment for reasonable attorney's fees in favor of							
30	the plaintiff against the defendant.							

1	5. If judgment is rendered in favor of the defendant and the court finds that the plaintiff's
2	suit was frivolous and brought in bad faith, the court also shall render judgment for
3	reasonable attorney's fees in favor of the defendant against the plaintiff.
4	6. Damages and attorney's fees may not be assessed against the woman upon whom an
5	abortion was performed or induced or attempted to be performed except in
6	accordance with subsection 5.
7	
8	and enacted as follows:
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11	violation of section 2 or 3 of this Act, the court shall rule whether the anonymity of any woman
12	upon whom an abortion has been performed or induced or attempted to be performed or
13	induced may be preserved from public disclosure if she does not giver her consent to such
14	disclosure. The court, upon motion or sua sponte, shall make the ruling and, upon determining
15	that her anonymity should be preserved, shall issue orders to the parties, witnesses, and
16	counsel and shall direct the sealing of the record and exclusion of individuals from courtrooms
17	or hearing rooms to the extent necessary to safeguard her identity from public disclosure. Each
18	order must be accompanied by specific written findings explaining why the anonymity of the
19	woman should be preserved from public disclosure, why the order is essential to that end, how
20	the order is narrowly tailored to serve that interest, and why no reasonable less restrictive
21	alternative exists. In the absence of written consent of the woman upon whom an abortion has
22	been performed or induced or attempted to be performed or induced, anyone, other than a
23	public official, who brings an action under subsections 2 or 3 of section 5 of this Act shall do so
24	under a pseudonym. This section may not be construed to conceal the identity of the plaintiff or
25	of witnesses from the defendant or from attorneys for the defendant.
26	- SECTION 8. A new subsection to section 43-17-31 of the North Dakota Century Code is-
27	created and enacted as follows:
28	The failure to comply with the requirements of subsection 1 of section 2 of this Act.