# Rules of
# Department of Health and Senior Services
## Division 10—Office of the Director
## Chapter 15—Abortions

## Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
### Division 10—Office of the Director
### Chapter 15—Abortions

**19 CSR 10-15.010 Report of Induced Termination of Pregnancy**

*PURPOSE: Under section 188.055, RSMo, the Department of Health and Senior Services is responsible for providing abortion forms to abortion facilities, hospitals, and physicians. This rule establishes the content of the report of induced termination of pregnancy to be filed with the department for statistical purposes for each abortion performed or induced as required by section 188.052, RSMo.*

*PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.*

(1) The report of induced termination of pregnancy will include the following items: name of abortion facility or hospital; the city, town or location of the abortion facility or hospital; county where the abortion facility or hospital is located; patient identification number; age of patient; marital status of patient; date of pregnancy termination; residence of patient (state, county, city or town, inside city limits (yes or no) and zip code); patient's race; patient's ethnicity; patient's education; previous pregnancy history; number of live births now living; number of live births now dead; number of spontaneous terminations and number of induced terminations; type of termination procedures used; date last normal menses began; clinical estimate of gestation; method of estimating gestational age; biparietal diameter measurement (if gestation age greater than or equal to eighteen (18) weeks by date of last normal menses or clinical estimate; name and signature of attending physician; physician's Missouri license number; name of person completing report; fetus viable (yes or no); name and signature of concurring physician, if the fetus is viable; and license number of concurring physician. The information shall be reported on the Report of Induced Termination of Pregnancy which is incorporated by reference in this rule as published October 2017 and may be obtained at www.health.mo.gov or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions.

(2) The abortion report shall be signed by the attending physician and submitted to the Department of Health and Senior Services, Bureau of Vital Records, PO Box 570, Jefferson City, MO 65102-0570, within forty-five (45) days of the abortion.

*AUTHORITY: sections 188.052, 188.055, and 192.006, RSMo 2016.* This rule was previously filed as 13 CSR 50-151.010 and 19 CSR 30-15.010. Original rule filed Sept. 30, 1980, effective Jan. 12, 1981. Changed to 19 CSR 10-15.010 July 30, 1998. Amended: Filed Oct. 24, 2017, effective April 30, 2018.*

**Original authority: 188.052, RSMo 1979; 188.055, RSMo 1974, amended 1979; and 192.006, RSMo 1993, amended 1995.*

**19 CSR 10-15.020 Complication Report for Post-Abortion Care**

*PURPOSE: Under section 188.055, RSMo, the Department of Health and Senior Services is responsible for providing abortion forms to abortion facilities, hospitals, and physicians. This rule establishes the content of the complication report for any post-abortion care to be filed with the department for statistical purposes.*

*PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.*

(1) The complication report for post-abortion care shall contain the following items on a form provided by the department: patient identification number; patient's date of birth; residence of patient state, county, city; date of abortion; name and address of abortion facility or hospital; type of abortion performed; name and address of facility reporting complication; was patient previously seen at another facility for post-abortion care (yes or no); if yes, name and address of other facility that treated patient; complications (check all that apply: incomplete abortion, hemorrhage, endometritis, parametritis, pyrexia, abscess-pelvic, uterine perforation, failed abortion-pregnancy undisturbed, retained products, cervical lacerations, diagnosable psychiatric condition, other-describe); result of complication (check all that apply: hysterectomy, death of woman, transfusion, other-describe); was patient hospitalized (yes or no); if yes, name and address of hospital; name and signature of physician providing post-abortion care; and date of this post-abortion care. The information shall be reported on the Complication Report for Post-Abortion Care which is incorporated by reference in this rule as published January 2018 and may be obtained at www.health.mo.gov or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions.

(2) The physician providing post-abortion care shall submit the Complication Report for Post-Abortion Care to the Department of Health and Senior Services, Bureau of Vital Records, PO Box 570, Jefferson City, MO 65102-0570, within forty-five (45) days from the date of post-abortion care.

*AUTHORITY: sections 188.052, 188.055, and 192.006, RSMo 2016.* This rule was previously filed as 13 CSR 50-151.020 and 19 CSR 30-15.020. Original rule filed Sept. 30, 1980, effective Jan. 12, 1981. Changed to 19 CSR 10-15.020 July 30, 1998. Amended: Filed Oct. 24, 2017, effective April 30, 2018.*

**Original authority: 188.052, RSMo 1979; 188.055, RSMo 1974, amended 1979; and 192.006, RSMo 1993, amended 1995.*

**19 CSR 10-15.030 Content and Filing of Tissue Report**

*PURPOSE: Under section 188.055, RSMo, the Department of Health and Senior Services is given the responsibility to provide forms relating to abortion to abortion facilities, hospitals, and physicians. This rule establishes the content of the tissue report and filing requirements for tissue reports.*

(1) The department will accept local pathologists' report forms for compliance with section 188.047, RSMo, if the reports contain the following: patient identification number, identical in labeling and format to the patient

identification number assigned by the facility where the abortion took place, and reported on the report of induced termination of pregnancy; date of the procedure; name and address of the abortion facility or hospital where the procedure was performed; name and address of the pathologist who examined the tissue. All reports shall contain the findings of a gross and histopathological examination. One (1) or more sections shall be examined histopathologically. The section(s) shall be determined by the pathologist based upon his or her assessment.

(2) The pathologist shall file the tissue report with the Department of Health and Senior Services, Bureau of Vital Records, PO Box 570, Jefferson City, MO 65102-0570, within thirty (30) days after the examination of the tissue.

(3) The physician who performed or induced the abortion may, based on his or her medical judgment and prevailing standards of care, provide the results of the gross and histopathological examination to the patient.

*AUTHORITY: section 188.047, RSMo Supp. 2017, and section 192.006, RSMo 2016.* This rule was previously filed as 13 CSR 50-151.030 and 19 CSR 30-15.030. Original rule filed Sept. 30, 1980, effective Jan. 12, 1981. Changed to 19 CSR 10-15.030 July 30, 1998. Amended: Filed Oct. 24, 2017, effective April 30, 2018.*

**Original authority: 188.047, RSMo 1979, amended 2017 and 192.006, RSMo 1993, amended 1995.*

**19 CSR 10-15.040 Induced Termination of Pregnancy Consent Form**
(Rescinded April 30, 2018)

*AUTHORITY: section 188.039, RSMo 1986 and Planned Parenthood Association of Kansas City v. Ashcroft, 483 F. Supp. 679 (W.D. Mo. 1980). This rule was previously filed as 13 CSR 50-151.040 and 19 CSR 30-15.040. Original rule filed Feb. 13, 1981, effective June 11, 1981. Changed to 19 CSR 10-15.040 July 30, 1998. Rescinded: Filed Oct. 24, 2017, effective April 30, 2018.*

**19 CSR 10-15.050 Complication Plans for Certain Drug- and Chemically-Induced Abortions by Physicians via Hospitals**

*PURPOSE: This rule establishes the standards governing complication plans required by section 188.021, RSMo, for abortions induced by physicians via hospitals. This rule also explains the process for submitting such complication plans to the Department of Health and Senior Services for approval.*

(1) For purposes of this rule, the following terms mean:

(A) Abortion—The act of using or prescribing any instrument, device, drug, or any other means or substance resulting in the intentional destruction of an embryo or fetus in a woman's uterus or the intentional termination of a pregnancy of a woman with intent other than to increase the probability of a live birth or to remove a dead or dying embryo or fetus;

(B) Hospital—As such term is defined in section 197.020, RSMo;

(C) Complication—Includes, but is not limited to, incomplete abortion, excessive hemorrhage, endometritis, parametritis, pyrexia, pelvic abscess, uterine perforation, failed abortion, retained products, cervical lacerations, or psychiatric issues;

(D) Department—The Missouri Department of Health and Senior Services;

(E) Drug—A drug or chemical used to induce an abortion for which the federal Food and Drug Administration (FDA) label includes any clinical study in which more than one percent (1%) of those administered the drug required surgical intervention after its administration;

(F) OB/GYN—

1. A physician who is board-certified or board-eligible by the American Osteopathic Board of Obstetrics and Gynecology, or who is in a residency approved by that board; or

2. A physician who is board-certified by the American Board of Obstetrics and Gynecology (ABOG); or who is an ABOG Registered Residency Graduate or an ABOG Active Candidate; or who is in an ABOG-approved residency;

(G) Physician—A person licensed to practice medicine pursuant to Chapter 334, RSMo.

(2) Complication plans for certain drug- and chemically-induced abortions.

(A) A physician shall not prescribe or administer a drug without first obtaining written approval from the department of a complication plan applicable to the physician's prescription or administration of the drug.

(B) A physician may obtain approval of a complication plan applicable to the physician prescribing or administering drugs via a hospital. In the alternative, a hospital may obtain approval of a complication plan applicable to a physician prescribing or administering drugs via the hospital.

(C) Each hospital shall take reasonable measures to ensure that no physician prescribes or administers drugs via the hospital in the absence of a complication plan as required by these rules. Each hospital shall also take reasonable measures to ensure that physicians prescribing or administering drugs via the hospital comply with this rule.

(D) To ensure the safety of all patients, a primary objective of complication plans shall be to recognize the importance of the physician-patient relationship by providing for continuity of care and ensuring communication among the physician who induced the abortion and all subsequent health care providers involved in treating the patient's complication.

(E) Every complication plan shall provide that an OB/GYN is on-call and available twenty-four hours a day, seven days a week (24/7) to treat complications related to drugs prescribed or administered by the physician via the hospital. To ensure this required twenty-four hours a day, seven days a week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a written agreement between the physician and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a written agreement between the hospital and an OB/GYN or group of OB/GYNs to treat complications.

(F) If the physician who will prescribe or administer drugs is an OB/GYN, that physician's complication plan may provide that the physician treats complications, but the physician and/or the hospital must have a written agreement with an OB/GYN or group of OB/GYNs to ensure the required twenty-four hours a day, seven days a week (24/7) coverage when the physician is unavailable to treat complications.

(G) Every complication plan shall provide that the OB/GYN with whom there is a written agreement or member of the group of OB/GYNs with which there is a written agreement, or the physician who prescribes or administers drugs if he or she is an OB/GYN, shall:

1. Personally treat all complications, including those requiring surgical intervention, except in any case where doing so would not be in accordance with the standard of care, or in any case where it would be in the patient's best interest for a different physician to treat her; and

2. Assess each patient suffering a complication individually, and shall not, as a matter

of course, refer all patients to the emergency room or other facilities or physicians unless the patient is experiencing an immediately life-threatening complication.

3. This regulation does not prohibit screening or triage of patients by a nurse or physician to determine whether or when it is necessary to contact the OB/GYN.

(H) Every complication plan shall provide that, in any case where it would not be in accordance with the standard of care or would not be in the patient's best interest for the OB/GYN to personally treat the complication (e.g., surgery in a hospital is required, and it is not in the patient's best interest to travel to a hospital where the OB/GYN has privileges), the OB/GYN shall arrange for hand-off of the patient to an appropriately-qualified physician and shall fully brief such physician regarding the patient at the time of hand-off.

(I) Every complication plan shall require that the OB/GYN treating a patient's complication shall prepare a complication report as required by section 188.052, RSMo and ensure that it is submitted to the department.

(J) The physician shall ensure that before discharge, every patient who receives a drug also receives the phone number, in writing, for the OB/GYN or OB/GYN group providing complication coverage. The phone number given may be for the on-call service rather than the OB/GYN's direct number.

(K) The physician or hospital shall submit complication plans to the department for approval in writing using the complication plan submission form provided by the department. The form shall require at least the following information:

1. The full name of each physician whose prescription or administration of drugs via the hospital will be covered by the plan;

2. The full name of the OB/GYN who will provide complication coverage, or if a group of OB/GYNs will provide coverage, the full legal name of the group and the full name of each OB/GYN who is part of the group; and

3. A description of how the complication plan meets each requirement in this regulation, including treating complications requiring surgical intervention.

(L) With the completed complication plan forms, the facility shall also submit:

1. Documents establishing that each OB/GYN who will provide complication coverage under the plan is board-eligible or board-certified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology; and

2. A copy of the executed written agreement between the physician(s) whose prescription or administration of drugs will be covered by the plan (and/or the hospital) and the OB/GYN or group of OB/GYNs that will provide the complication coverage. The written agreement shall cite this regulation and specify that complication coverage under the written agreement shall be provided in compliance with this regulation.

(M) If any change occurs that prevents full compliance with a complication plan as approved by the department, the physician or hospital shall immediately notify the department in writing, providing details regarding the change. If the change results in the physician being unable to provide twenty-four hours a day, seven days a week (24/7) OB/GYN coverage for complications as required by this regulation, the physician shall ensure that no drugs are prescribed or administered until 1) full compliance with the plan is achieved and the physician or hospital has so notified the department in writing, or 2) a new or revised complication plan has been submitted to and approved by the department in writing.

(N) The physician shall ensure that each complication plan approved by the department and currently in use is on file at the physician's office or hospital. The physician or hospital shall maintain copies of complication plans no longer in use for seven (7) years following the last use. The physician or hospital shall make current and past complication plans available to patients or the department for review upon request.

(3) Pursuant to section 188.021.2, RSMo, no complication plan is required where the patient is administered the drug in a medical emergency at a hospital and is then treated as an inpatient at a hospital under medical monitoring by the hospital until the abortion is completed.

*AUTHORITY: sections 188.021 and 197.225, RSMo Supp. 2017.* Emergency rule filed Oct. 24, 2017, effective Nov. 3, 2017, expired May 1, 2018. Original rule filed Oct. 24, 2017, effective April 30, 2018.*

**Original authority: 188.021, RSMo 2013, amended 2017 and 197.225, RSMo 1975, amended 1986, 2017.*