

**FISCAL NOTE
PRIVATE COST**

- I. Department title: Health and Senior Services
Division title: Regulation and Licensure
Chapter title: Ambulatory Surgical Centers and Abortion Facilities**

Rule number/name:	19 CSR 30-30.062 / Complication Plans for Certain Drug- and Chemically- Induced Abortions
Type of rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class that would likely be affected by adoption of the rule:	Classification by type(s) of the business entities that would likely be affected by adoption of the rule:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
0-9	Abortion Facilities, as that term is defined in section 188.015, RSMo, providing drug-induced abortions to 10 or more women a month in the local area	\$0 - \$2,053,125 per year

III. WORKSHEET

This rule establishes the standards governing complication plans required by section 188.021, RSMo, and explains the process for submitting such plans to the Department of Health and Senior Services for approval.

19 CSR 30-30.062(3) Complication plans for facilities that provide drug-induced abortions to 10 or more women a month in the local area.

(A) 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 via the facility for patients in the local area. 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 abortion facility and an OB/GYN or group of OB/GYNs to treat complications. A facility need not have an on-call OB/GYN available more than 7 days after the most recent chemically induced abortion.

The average annual cost to contract with an OB/GYN to be on-call and available twenty-four hours a day, seven days a week is \$228,125. See assumptions below for more information about this amount.

Total annual cost across providers:

Min = \$228,125 per year x 0 medication abortion providers = \$0 per year

Max = \$228,125 per year x 9 medication abortion providers = \$2,053,125 / year

IV. ASSUMPTIONS

1. No cost is calculated for the development of complication plans required by section 188.015, RSMo as policy and procedure development is assumed to be part of the daily responsibilities of a facility administrator.
2. Planned Parenthood is the only provider known in Missouri at this time that desires to provide medication abortion services. There are nine (9) Planned Parenthood locations in Missouri. It is unknown how many of those facilities will provide medication abortions and therefore be required to comply with this rule. Due to that variable, the estimate of the number of entities affected by adoption of this rule is 0-9.
3. If no providers in Missouri choose to provide medication abortions, the aggregate cost of compliance with this rule will be \$0 per year.
4. 19 CSR 30-30.061 was filed in 2017 and cited an annual cost for 24/7 on-call OB/GYN services of \$182,500 per facility. Physician Side Gigs notes a roughly 25% increase in OB/GYN salaries from 2018-2023. *See* <https://www.physiciansidegigs.com/average-obgyn-salary>. Based on this information, the average annual cost of on call services is assumed to be \$228,125 per year.
5. The rule does allow for the use of non-OB/GYNs for on-call services in limited circumstances if no OB/GYN or OB/GYN group can be contracted. This variable will not impact the fiscal note because it is assumed that the cost of non-specialty providers will be less than the cost of OB/GYNs.
6. The total cost as calculated here is not reflective of a true cost increase to private entities. The existing regulation, 19 CSR 30-30.061, imposes stricter requirements on private entities that perform abortions. Because this is a new rule, this fiscal note does not take into account the costs that abortion facilities were already incurring to comply with 19 CSR 30-30.061. It is therefore likely that this rule will result in minimal, if any, actual realized cost increase for abortion providers. It may result in a cost decrease because it imposes fewer obligations on abortion facilities than the regulation it temporarily replaces.