PROPOSED AMENDMENT

19 CSR 10-15.010 Report of Induced Termination of Pregnancy. The Department of Health and Senior Services is amending the title of this rule and section one (1).

PURPOSE: This amendment modifies the title of this rule, the incorporated ITOP Report, and language within, to align with the new abortion requirement following enactment of Sec. 188.017, RSMo, subsequent to Roe v. Wade being overruled. The Abortion Report will now require the physician’s certification that a medical emergency of the pregnant woman existed, necessitating the abortion.


(1) The abortion 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 abortion; 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; Procedure used to complete abortion- Type of termination procedure used (check only one); Certifications of physician who performed or induced the abortion: [termination of pregnancy]: physician certification they have no knowledge that the woman sought the abortion solely because of a prenatal diagnosis, test, or screening indicating Down Syndrome or of the potential of Down Syndrome in the unborn child (yes or no); physician certification they have no knowledge that the woman sought the abortion solely because of the sex or race of the unborn child (yes or no); physician certification that the abortion was due to a “medical emergency,” a condition which, based on reasonable medical judgment, so complicates the medical condition of the pregnant woman as to necessitate the immediate abortion of her pregnancy to avert the death of the pregnant woman or for which a delay will create serious risk of substantial and irreversible physical impairment of a major bodily function of the pregnant woman (yes or no); 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); fetus viable (yes or no); Has the patient ever served on active duty in the Armed Forces of the United States and separated from such service
under conditions other than dishonorable (yes or no); and if the patient has answered question (1) in the affirmative, would the patient like to receive information and assistance regarding the agency’s veteran services (yes or no); Name of physician who performed or induced the abortion [termination of pregnancy] (type or print); Signature of physician who performed or induced the abortion [termination of pregnancy]; Missouri physician license number; [name and signature of concurring physician, if fetus is viable; and license number of concurring physician.];

Within 45 days from the date of abortion, submit this form to: Department of Health and Senior Services, Attention: Bureau of Vital Records, P.O. Box 570, Jefferson City, MO 65102; Name of person completing report. The information shall be reported on the Abortion Report [of Induced Termination of Pregnancy] which is incorporated by reference in this rule as published [October 2017] October 2022 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.


PUBLIC COST: This amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Attention: Mindy Laughlin, RN, BSN, Deputy Director, Division of Community and Public Health, PO Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.