

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

PROPOSED AMENDMENT

19 CSR 10-15.020 Complication Report for Post-Abortion Care. The department is amending section (1) and the Purpose statement and adding a new section (2).

PURPOSE: This amendment updates the regulation to reflect the content of the complication report currently being used, states the timeframe for filing the report, and provides the address to which the report shall be sent.

*PURPOSE: [The Department of Health under] **Under** section[s] [188.052 and] 188.055, RSMo [1986], the Department of Health and Senior Services is [given the responsibility to provide] responsible for providing abortion forms to [health] 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 of Health] **department** for statistical purposes.*

(1) The complication report for post-abortion care shall contain the following items on a form provided by the [Department of Health] **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, psychiatric, other-describe**); result of complication[s] (**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 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 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, [191.420] and [192.020] **192.006**, RSMo [1986] **2000**. 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.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Health and Senior Services, Division of Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. 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.*