



**Missouri Department of Health and Senior Services**

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**Randall W. Williams, MD, FACOG**  
Director



**Eric R. Greitens**  
Governor

**To:** Missouri physicians, abortion facilities, and hospitals  
**From:** Missouri Department of Health and Senior Services (DHSS)  
**Date:** October 2, 2017  
**Re:** Abortion laws effective October 24, 2017

On October 24, 2017, abortion laws in Senate Bill 5 take effect. This memo outlines DHSS' plans for implementing laws in Senate Bill 5 under DHSS' jurisdiction. Senate Bill 5 (HCS for SS for SB 5, 99<sup>th</sup> General Assembly, Second Extraordinary Session (2017)) is available here:

<http://www.senate.mo.gov/17info/pdf-bill/S2/tat/SB5.pdf>.

**Under existing law, physicians can legally perform or induce four or fewer abortions in their offices or clinics without an abortion facility license from DHSS. Under Senate Bill 5, an abortion facility license is required for any place where any abortions are performed or induced, except a hospital.**

- If you do not have an abortion facility license, do not have an application pending at DHSS for an abortion facility license, and plan to perform or induce abortions, contact DHSS' Bureau of Ambulatory Care at [BAC@health.mo.gov](mailto:BAC@health.mo.gov) or (573) 751-6083 for information regarding the abortion facility licensure process.
- If you have an abortion facility license, you do not need to reapply unless it is otherwise time for your annual application. However, beginning October 24, 2017, certain drugs and chemicals to induce abortions cannot be prescribed or administered via your facility until a complication plan has been approved by DHSS as required by Senate Bill 5. Complication plans are discussed below.

**Under Senate Bill 5, before a physician may prescribe or administer certain drugs or chemicals to induce an abortion – whether via an abortion facility or a hospital – the physician must have a complication plan approved by DHSS. On October 24, 2017, DHSS will file emergency rules (and identical regular rules) establishing the standards for complication plans for abortions induced via abortion facilities and hospitals. DHSS will post the rules on its website on October 24, 2017. The emergency rules will be effective as soon as the law permits, which is November 3, 2017.**

Generally, the rules will establish the following standards for complication plans:

1. A physician who is board-certified or board-eligible by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology ("OB/GYN") shall be on-call and available twenty-four hours a day, seven days a week to treat complications related to abortion drugs prescribed or administered. To ensure this required twenty-four hour/seven days per week ("24/7") coverage, the complication plan for each physician who will prescribe or administer abortion drugs shall include a written contract between the physician

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and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a written contract between the abortion facility or hospital and an OB/GYN or group of OB/GYNs to treat complications.

2. If the physician who will prescribe or administer abortion drugs is an OB/GYN, that physician's complication plan may provide that the physician treats complications, but the physician and/or the abortion facility or hospital must have a written contract with an OB/GYN or group of OB/GYNs to ensure the required 24/7 coverage when the physician is unavailable to treat complications.
3. The contracted OB/GYN or member of the contracted OB/GYN group, or the physician who prescribes or administers drugs if he or she is an OB/GYN, shall:
  - a. 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
  - b. Assess each patient 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.
4. 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.
5. Regarding abortions to be induced via an abortion facility, the facility shall submit the complication plan to DHSS for written approval. Regarding abortions to be induced via a hospital, the physician or the hospital shall submit the complication plan to DHSS for written approval.

**Regarding other laws in Senate Bill 5 under DHSS' jurisdiction, DHSS will file regular (non-emergency) proposed amendments to rules on October 24, 2017, and will post them on its website on that date. As with all non-emergency rule amendments, there will be an opportunity for public comment, and the amendments will not be effective until the rulemaking process is complete.**

If you have questions, please contact the Bureau of Ambulatory Care at [BAC@health.mo.gov](mailto:BAC@health.mo.gov) or (573) 751-6083.