

# Operational Issues for Hospitals

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## Abortion Regulation: Senate Bills 4 and 8





## The Basics

### Senate Bill 4

- Regulates drug-induced abortion procedures, providers, and facilities.
  - Bans use of abortion-inducing drugs after 49 days LMP except in cases of medical emergency.
  - Requires additional documentation.
  - Physician must examine in-person
  - Limits distribution of abortion-inducing drugs.
  - Punishable by criminal prosecution.
- Expands abortion complication reporting to include more diagnoses and required reporters.

### Senate Bill 8

- Requires detection of fetal cardiac activity before any abortion.
- Bans abortions once fetal cardiac activity present except in cases maternal medical emergency.
- No express exception for fetal condition/anomalies.
- Private plaintiffs may sue to enforce.

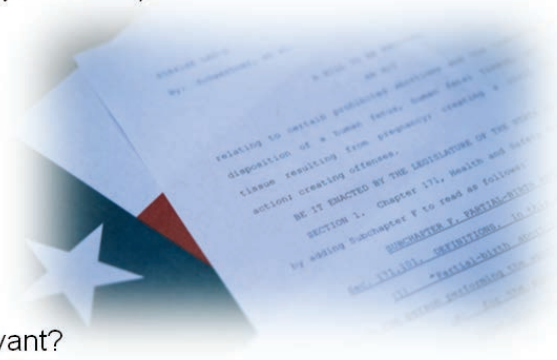
## SB4 and SB8: Clinical Impact

- If termination is contemplated:
  - Must determine whether fetal cardiac activity ("FCA") is present.
    - If no → may proceed with uterine evacuation
    - If FCA → maternal Medical Emergency (threat to life or substantial impairment of a major bodily function) must be present.
    - If FCA and > 49 days LMP → SB4 governs use of abortion-inducing drugs.
  - Physician (not APP) must administer prostaglandins
  - Follow-up visit required within 14 days after medication abortion



# SB4 and SB8: Operational Impact

- Aiding and abetting → consider scope of counseling (esp. by non-OBs)
  - Fetal abnormalities
  - Non-emergent maternal conditions
- “Medical emergency” = ?
  - Consider clinical signposts in advance
  - Identify process for evaluating individual cases
- Documentation
- Abortion complications
  - Statutory list + any adverse event. Is time of onset relevant?
  - Diagnosis or treatment outside OB service lines
  - Physician + facility reporting



# Hospital at Home Model



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