

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.

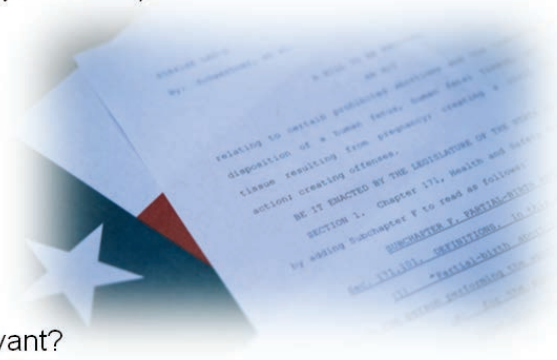
SB4 and SB8: Clinical Impact

- 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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