

HCS HB 1274 -- ABORTION-INDUCING DRUGS SAFETY ACT

SPONSOR: Sater (Koenig)

COMMITTEE ACTION: Voted "do pass" by the Committee on Health Care Policy by a vote of 7 to 2.

This substitute establishes the Abortion-inducing Drugs Safety Act which places restrictions on abortion-inducing drugs. Any person who is not a physician is prohibited from knowingly prescribing or administering RU-486 or any other abortion-inducing drug. RU-486 or any other abortion-inducing drug can only be prescribed by a physician who at least 24 hours prior to the administration of the drug:

- (1) Complies with all other legal requirements prior to performing or inducing an abortion;
- (2) Performs a physical examination of the patient;
- (3) Documents in the patient's medical record the gestational age of the fetus and whether there is an ectopic pregnancy; and
- (4) Provides the patient with a copy of the United States Food and Drug Administration (FDA) approved label for the drug or drugs that will be used to induce the abortion.

RU-486 or any other abortion-inducing drug can only be administered in a hospital or abortion facility. The abortion facility must also be licensed as an ambulatory surgical center if a specified number of abortions per month are induced at the facility. The drug can only be administered by the prescribing physician or another physician acting under the prescribing physician's authority and who is in the physical presence of the patient or by the patient herself at the direction of and while in the physical presence of the physician. A physician is prohibited from prescribing or administering RU-486 or any other abortion-inducing drug unless he or she has clinical privileges which allow the physician to perform surgeries at a hospital or at an abortion facility that offers RU-486 offering obstetrical or gynecological care that is within 30 miles of the location where the abortion is being induced.

If a patient who was administered RU-486 or any other abortion-inducing drug decides to carry her unborn child to term before the abortion is completed, the patient must be immediately referred to another physician to receive medical assistance for herself and her unborn child. A physician who prescribes or administers RU-486 or any other abortion-inducing drug must obtain in addition to all other medical malpractice requirements

a tail or occurrence-based insurance policy of at least \$1 million per occurrence and \$3 million in the aggregate per year for damages for the personal injury to or death of a child who is born alive after an attempted abortion. The insurance policy must remain in full force and effect until the child reaches his or her twenty-first birthday, or later under Section 516.105, RSMo. Any person who is not a physician who prescribes or administers RU-486 or any other abortion-inducing drug will be guilty of a class C felony; except that, if prescribed or administered without the knowledge or consent of the patient, he or she will be guilty of a class B felony. A physician who violates any other provision of the act will be guilty of a class A misdemeanor.

FISCAL NOTE: Estimated Net Cost on General Revenue Fund of Unknown less than \$100,000 in FY 2013, FY 2014, and FY 2015. No impact on Other State Funds in FY 2013, FY 2014, and FY 2015.

PROPOSERS: Supporters say that the bill will reduce the number of abortions in this state and improve the health of women and children. It protects a woman from any necessary surgery as a result of taking RU 486. The bill provides safeguards for a woman who takes these drugs after the seven-week timeframe suggested by the Federal Drug Administration. The bill provides reasonable safeguards to protect women and is a basic safety issue. It is important that a woman is physically present with a physician when receiving an abortifacient. Tele-medicine is not appropriate for the prescribing of an abortifacient.

Testifying for the bill were Representative Koenig; Campaign Life Missouri; Missouri Family Network; Missouri Right to Life; Missouri Catholic Conference; Joanne Schrader; Concerned Women for America of Missouri; and Kathleen Forck.

OPPOSERS: Those who oppose the bill say that only physicians can perform abortions in this state, even in the case of a medical abortion. The bill is not a good standard of care because the symptoms that follow do not want to be occurring while the patient is in their car or in any other location other than in the comfort of the patient's home. There is a less than 1% complication rate, and Missouri has never had a follow-up surgery as a result of RU-486. Framing the bill as a means of protecting women's health is misguided and misdirected. This drug is safer than actually having a pregnancy. The best person to do patient education is not always a physician; but if that is the bill's concept, why do we not require this of physicians for procedures that are far more risky? This provision undermines the safety of the patients. Requiring a woman to come back for the second dose undermines the procedures done during the first visit. The FDA label is what is submitted by the manufacturer at

the time the drug goes on the market. Those labels are not updated unless there is a severe need to do so. The FDA guidelines are a much better resource. There should always be an evidence-based reason to change the guidelines for administering a drug. Missouri is the fourth most regulated state for abortions. The bill is a search for a solution to a problem that does not exist. Studies show that fatal incidents have been attributable to toxic shock and not to an abortion medicine. This is a remarkably safe drug. This is not about safety, it is about further burdening a legal and constitutional right to have an abortion. The bill establishes unrealistic barriers to women seeking care, and it interrupts their legal right to seek that care.

Testifying against the bill were ACLU of Eastern Missouri; NARAL Pro-Choice Missouri; Dr. Ed Weisbart; and Planned Parenthood Affiliates in Missouri.