SECOND REGULAR SESSION

HOUSE BILL NO. 1984

94TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES SANDER (Sponsor), HARRIS (110), FAITH, POLLOCK, FRANZ, WILSON (119), SCHLOTTACH, SCHARNHORST, COX, WELLS, GRISAMORE, MOORE, NANCE, LOEHNER, ONDER, NOLTE, NIEVES, MUSCHANY, AVERY, LEMBKE, HOBBS, QUINN (7), FLOOK, EMERY, DUSENBERG, HUNTER, SELF, ERVIN, VIEBROCK, WOOD, DETHROW, STREAM, SCHAD, WRIGHT, DAVIS, LIPKE, SMITH (150), COOPER (155) AND SATER (Co-sponsors).

Read 1st time February 5, 2008 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

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AN ACT

To repeal sections 188.052, 188.055, and 188.070, RSMo, and to enact in lieu thereof three new sections relating to confidentiality of certain governmental records, with penalty provisions.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 188.052, 188.055, and 188.070, RSMo, are repealed and three new sections enacted in lieu thereof, to be known as sections 188.052, 188.055, and 188.070, to read as follows:

188.052. 1. An individual abortion report for each abortion performed or induced upon a woman shall be completed by her attending physician. **The report shall include:**

- (1) Information required by the United States Standard Report of Induced Termination of Pregnancy published by the National Center for Health Statistics, Centers for Disease Control and Prevention within the U.S. Department of Health and Human Services, or its successor publication or agency;
- 7 (2) Additional information on the type of abortion procedure used, including the 8 specific surgical or nonsurgical method or the specific abortion-inducing drug or drugs 9 employed, including but not limited to vacuum aspiration, suction curettage, sharp 0 curettage, dilation and evacuation (D&E), intact D&E, dilation and extraction (D&X),

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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intrauterine saline instillation, intrauterine prostaglandin instillation, hysterotomy, methotrexate, mifepristone, or misoprostol; and

- (3) If provided by the woman, the reason or reasons the woman sought the abortion, including specific medical, social, economic, or other factors, including but not limited to particular health conditions, pregnancy resulting from rape or incest, not wanting other persons to know of her pregnancy, other persons objecting to her pregnancy, relationship problems with the father of the child or other family members, lack of financial support from the father of the child, disruption of education or job, or desire to limit family size.
- 2. An individual complication report for any post-abortion care performed upon a woman shall be completed by the physician providing such post-abortion care. This report shall include, but not be limited to:
 - (1) The date of the abortion;
- (2) The name and address of the abortion facility or hospital where the abortion was performed;
 - (3) The nature of the abortion complication diagnosed or treated.
- 3. All abortion reports shall be signed by the attending physician, and submitted to the [state department of health and senior services] **department** within forty-five days from the date of the abortion. All complication reports shall be signed by the physician providing the post-abortion care and submitted to the department [of health and senior services] within forty-five days from the date of the post-abortion care.
- 4. A copy of the abortion report shall be made a part of the medical record of the patient of the facility or hospital in which the abortion was performed.
- 5. The [state department of health and senior services] **department** shall be responsible for collecting all abortion reports and complication reports and collating and evaluating all data gathered therefrom and shall annually publish a statistical report based on such data from abortions performed **or induced and post-abortion care provided** in the previous calendar year. **The report shall specify the gestational age, by weekly increments, at which abortions were performed or induced, but the report shall not include any information that would allow the public to identify a specific:**
 - (1) Patient who obtained an abortion or who received post-abortion care;
- (2) Physician who performed or induced an abortion or who provided postabortion care; or
- (3) Hospital or abortion facility where the abortion was performed or induced or which provided post-abortion care.

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188.055. 1. Every abortion facility, hospital, and physician shall be supplied with forms by the department [of health and senior services] for use in regards to the consents and reports required by sections 188.010 to 188.085. A purpose and function of such consents and reports shall be the preservation of maternal health and life by adding to the sum of medical knowledge through the compilation of relevant maternal health and life data and to monitor all abortions performed to assure that they are done only under and in accordance with the provisions of the law.

2. All information obtained by physician, hospital, or abortion facility from a patient for the purpose of preparing reports to the department [of health and senior services] under sections 188.010 to 188.085 or reports received by the [division of health] **department** shall be confidential and shall be used only for statistical purposes. Such records, however, may be inspected and health data acquired by local, state, or national public health officers.

188.070. Any [physician or other person who fails to maintain] **person who knowingly**violates the confidentiality of any records [or reports required], reports, or documents
maintained by the hospital or abortion facility or received by the department under sections
188.010 to 188.085 is guilty of a [misdemeanor and, upon conviction, shall be punished as
provided by law] class D felony.

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