



NEWS RELEASE

ALABAMA DEPARTMENT OF PUBLIC HEALTH

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State Committee of Public Health approves public comment for Revised Abortion or Reproductive Health Center Rules

FOR IMMEDIATE RELEASE

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The State Committee of Public Health approved proposed amendments to the Department of Public Health Administrative Rules for Alabama Abortion and Reproductive Health Centers Wednesday. Today's action begins the public comment and hearing process required by the Alabama Administrative Procedure Act before the new regulations can go into effect.

"The proposed rules set new standards for medical management, equipment maintenance and medication administration," according to Dr. Donald E. Williamson, state health officer. "These proposed rules address several issues of immediate concern that have been identified during our recent inspections of abortion clinics."

Williamson said, "These proposed rule changes do not address all of the issues about which the department has concern. They do, however, clearly define the department's expectations. They demonstrate our belief that patients who have abortions have a right to receive the same level of care and follow-up from their physician that any patient has a right to expect. The department will accept no less."

These proposed amendments will be reviewed by the Licensure Advisory Board and will be the subject of public comment and a public hearing. Dr. Williamson pointed out that while the administrative procedure process goes forward, staff in the department will continue to review issues which need to be addressed. Based upon all available information, the department expects to bring forward additional proposed revisions to the abortion and reproductive health center rules at a future date.

Among the amendments that are proposed in the rules are the following:

- * A clear identification of responsibility on the part of the physician performing the procedure. This new requirement clarifies that even if the physician performing the procedure is unavailable to directly provide continuing patient care, he or she remains responsible for ensuring that adequate care is provided to the patient in the event of complications. The physician who performed the procedure must be available for consultation with other physicians who may provide care, and the abortion clinic is responsible for having a backup physician on call and available to care for the patient.

- * A new requirement that, after abortion procedures, a physician must remain on the clinic premises until all patients are discharged.

* A clarification of the existing requirement that a clinic have an outside covering physician with admitting privileges at a hospital within the same standard metropolitan statistical area as the one in which the clinic is located. This physician must be available to provide backup care 24 hours a day, seven days a week. The qualifications of the outside covering physician are clarified to require that the physician must be board certified or board eligible in obstetrics and gynecology, or must be a family physician with local hospital privileges which include the ability to perform dilation and curettage, laparotomy procedures, hysterectomies, and any other procedure necessary to treat post-abortion complications.

* A new requirement that outside covering physicians provide clinics at least 72 hours' advance notice of times when they will be unable to provide backup care, and a prohibition against clinics performing abortion procedures during any times that a physician with admitting privileges at a hospital within the same standard metropolitan statistical area will be unavailable to provide care, and for 72 hours prior to such physician's unavailability.

* More specific requirements for telephone records when patients call the clinic with complaints of post-abortion problems.

* Clarification of existing requirements regarding dispensing and administration of medications, including a prohibition against anyone other than a physician dispensing abortifacient medications such as the RU-486 and that such medications may be administered to patients only under the direct physical supervision of a physician.

* A new requirement that prohibits the ordering of controlled substances pursuant to a protocol or standing order.

* More extensive and specific requirements governing equipment maintenance and the inventory and replacement of medications and supplies.

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