



Romney Building, 10th Floor  
Lansing, Michigan 48909  
Phone: 517/373-6466

## REQUIRE PHYSICIAN DISCLOSURE OF ABORTION COMPLICATIONS

**House Bill 4600**

**Sponsor: Rep. Clark Bisbee**

**House Bill 4601**

**Sponsor: Rep. William J. O'Neill**

**Committee: Regulatory Affairs**

**Complete to 5-25-99**

### **A SUMMARY OF HOUSE BILLS 4600 AND 4601 AS INTRODUCED 4-29-99**

The bills would amend the Public Health Code to require physicians to report complications arising from abortion procedures to the Department of Community Health and to a local health department. Specifically, the bills would do the following:

Currently, the Public Health Code requires physicians who perform abortions to report certain information to the Department of Community Health within seven days of the procedure. House Bill 4600 would amend the code (MCL 333.2835 and 333.2837) to extend the reporting time to between 30 days and 60 days from the date of the procedure. The bill would also add to the list of information that must be reported by requiring physicians to include information on the type of diagnostic or genetic testing or screening related to the health of the fetus that had been performed on the woman or fetus by the physician or other licensed health professional before the abortion.

The code currently requires physicians to provide information in the report pertaining to immediate complications of the abortion procedure; this provision would be rewritten to specify that the information in the report would have to include a physical complication or death that resulted from the abortion and that was observed by the physician or reported to the physician or to his or her agent before the report was transmitted to the director of DCH. "Physical complication" would be defined as "a physical condition occurring during or after an abortion that, under generally accepted standards of medical practice, requires medical treatment", and would include complications involving infection, hemorrhage, cervical laceration, or perforation of the uterus.

The code also currently requires DCH to summarize the aggregate information gathered from the individual abortion procedures into an annual statistical report. The bill would specify that the department would have to include a summary of the following aggregate information in the report: 1) the period of gestation in 4-week intervals from 5 weeks through 28 weeks; 2) abortions performed on women aged 17 and under; and 3) physical complications reported under the bill.

Finally, the bill would require the DCH to promulgate rules that would require a physician to report information to the local health department about his or patient who had a physical complication or death that was a primary, secondary, or tertiary result of an abortion. The new rules would have to amend the form currently used by the department for health professionals to report venereal diseases under R 325.173 of the Michigan Administrative Code to include reporting on abortion complications. The rules would also have to specify that the name or address of any patient who was the subject of a report, or any other information that could lead to the disclosure of the patient's identity, could not be included in the report. The department would also have to summarize the reports transmitted to the local health departments in its annual statistical report on abortions. The individual reports, along with any copies, would have to be destroyed five years after the reports were received.

House Bill 4601 would similarly amend the Public Health Code (MCL 333.2837) to add a requirement that physicians be required by administrative rule to file a written report with the local public health departments when a patient suffers a physical complication or death from an abortion. The bill is identical to section 333.2837 of House Bill 4600 except that it identifies the form under R 325.173 that would be amended by departmental rule in order to incorporate the new reporting standards as a form for reporting "serious communicable diseases" rather than "venereal disease", as stated in the previously-described bill.

Analyst: S. Stutzky

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.