

State of Arizona
Senate
Fifty-second Legislature
Second Regular Session
2016

CHAPTER 75
SENATE BILL 1324

AN ACT

AMENDING SECTION 36-449.03, ARIZONA REVISED STATUTES; RELATING TO ABORTION CLINICS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Section 36-449.03, Arizona Revised Statutes, is amended to
3 read:

4 36-449.03. Abortion clinics; rules; civil penalties

5 A. The director shall adopt rules for an abortion clinic's physical
6 facilities. At a minimum these rules shall prescribe standards for:

7 1. Adequate private space that is specifically designated for
8 interviewing, counseling and medical evaluations.

9 2. Dressing rooms for staff and patients.

10 3. Appropriate lavatory areas.

11 4. Areas for preprocedure hand washing.

12 5. Private procedure rooms.

13 6. Adequate lighting and ventilation for abortion procedures.

14 7. Surgical or gynecologic examination tables and other fixed
15 equipment.

16 8. Postprocedure recovery rooms that are supervised, staffed and
17 equipped to meet the patients' needs.

18 9. Emergency exits to accommodate a stretcher or gurney.

19 10. Areas for cleaning and sterilizing instruments.

20 11. Adequate areas for the secure storage of medical records and
21 necessary equipment and supplies.

22 12. The display in the abortion clinic, in a place that is conspicuous
23 to all patients, of the clinic's current license issued by the department.

24 B. The director shall adopt rules to prescribe abortion clinic
25 supplies and equipment standards, including supplies and equipment that are
26 required to be immediately available for use or in an emergency. At a
27 minimum these rules shall:

28 1. Prescribe required equipment and supplies, including medications,
29 required for the conduct, in an appropriate fashion, of any abortion
30 procedure that the medical staff of the clinic anticipates performing and for
31 monitoring the progress of each patient throughout the procedure and recovery
32 period.

33 2. Require that the number or amount of equipment and supplies at the
34 clinic is adequate at all times to assure sufficient quantities of clean and
35 sterilized durable equipment and supplies to meet the needs of each patient.

36 3. Prescribe required equipment, supplies and medications that shall
37 be available and ready for immediate use in an emergency and requirements for
38 written protocols and procedures to be followed by staff in an emergency,
39 such as the loss of electrical power.

40 4. Prescribe required equipment and supplies for required laboratory
41 tests and requirements for protocols to calibrate and maintain laboratory
42 equipment at the abortion clinic or operated by clinic staff.

43 5. Require ultrasound equipment.

44 6. Require that all equipment is safe for the patient and the staff,
45 meets applicable federal standards and is checked annually to ensure safety
46 and appropriate calibration.

1 C. The director shall adopt rules relating to abortion clinic
2 personnel. At a minimum these rules shall require that:

3 1. The abortion clinic designate a medical director of the abortion
4 clinic who is licensed pursuant to title 32, chapter 13, 17 or 29.

5 2. Physicians performing abortions are licensed pursuant to title 32,
6 chapter 13 or 17, demonstrate competence in the procedure involved and are
7 acceptable to the medical director of the abortion clinic.

8 3. A physician is available:

9 (a) For a surgical abortion who has admitting privileges at a health
10 care institution that is classified by the director as a hospital pursuant to
11 section 36-405, subsection B and that is within thirty miles of the abortion
12 clinic.

13 (b) For a medication abortion who has admitting privileges at a health
14 care institution that is classified by the director as a hospital pursuant to
15 section 36-405, subsection B.

16 4. If a physician is not present, a registered nurse, nurse
17 practitioner, licensed practical nurse or physician assistant is present and
18 remains at the clinic when abortions are performed to provide postoperative
19 monitoring and care, or monitoring and care after inducing a medication
20 abortion, until each patient who had an abortion that day is discharged.

21 5. Surgical assistants receive training in counseling, patient
22 advocacy and the specific responsibilities of the services the surgical
23 assistants provide.

24 6. Volunteers receive training in the specific responsibilities of the
25 services the volunteers provide, including counseling and patient advocacy as
26 provided in the rules adopted by the director for different types of
27 volunteers based on their responsibilities.

28 D. The director shall adopt rules relating to the medical screening
29 and evaluation of each abortion clinic patient. At a minimum these rules
30 shall require:

31 1. A medical history, including the following:

32 (a) Reported allergies to medications, antiseptic solutions or latex.

33 (b) Obstetric and gynecologic history.

34 (c) Past surgeries.

35 2. A physical examination, including a bimanual examination estimating
36 uterine size and palpation of the adnexa.

37 3. The appropriate laboratory tests, including:

38 (a) Urine or blood tests for pregnancy performed before the abortion
39 procedure.

40 (b) A test for anemia.

41 (c) Rh typing, unless reliable written documentation of blood type is
42 available.

43 (d) Other tests as indicated from the physical examination.

44 4. An ultrasound evaluation for all patients. The rules shall require
45 that if a person who is not a physician performs an ultrasound examination,
46 that person shall have documented evidence that the person completed a course

1 in the operation of ultrasound equipment as prescribed in rule. The
2 physician or other health care professional shall review, at the request of
3 the patient, the ultrasound evaluation results with the patient before the
4 abortion procedure is performed, including the probable gestational age of
5 the fetus.

6 5. That the physician is responsible for estimating the gestational
7 age of the fetus based on the ultrasound examination and obstetric standards
8 in keeping with established standards of care regarding the estimation of
9 fetal age as defined in rule and shall write the estimate in the patient's
10 medical history. The physician shall keep original prints of each ultrasound
11 examination of a patient in the patient's medical history file.

12 E. The director shall adopt rules relating to the abortion procedure.
13 At a minimum these rules shall require:

14 1. That medical personnel is available to all patients throughout the
15 abortion procedure.

16 2. Standards for the safe conduct of abortion procedures that conform
17 to obstetric standards in keeping with established standards of care
18 regarding the estimation of fetal age as defined in rule.

19 3. Appropriate use of local anesthesia, analgesia and sedation if
20 ordered by the physician.

21 4. The use of appropriate precautions, such as the establishment of
22 intravenous access at least for patients undergoing second or third trimester
23 abortions.

24 5. The use of appropriate monitoring of the vital signs and other
25 defined signs and markers of the patient's status throughout the abortion
26 procedure and during the recovery period until the patient's condition is
27 deemed to be stable in the recovery room.

28 6. That any medication, drug or other substance used to induce ~~an~~ OR
29 CAUSE A MEDICATION abortion, AS DEFINED IN SECTION 36-2151, is administered
30 in compliance with the MIFEPREX FINAL PRINTING LABEL protocol that is
31 authorized APPROVED by the United States food and drug administration ~~and~~
32 ~~that is outlined in the final printing labeling instructions for that~~
33 ~~medication, drug or substance~~ AND IN EFFECT AS OF DECEMBER 31, 2015.

34 F. The director shall adopt rules that prescribe minimum recovery room
35 standards. At a minimum these rules shall require that:

36 1. For a surgical abortion, immediate postprocedure care, or care
37 provided after inducing a medication abortion, consists of observation in a
38 supervised recovery room for as long as the patient's condition warrants.

39 2. The clinic arrange hospitalization if any complication beyond the
40 management capability of the staff occurs or is suspected.

41 3. A licensed health professional who is trained in the management of
42 the recovery area and is capable of providing basic cardiopulmonary
43 resuscitation and related emergency procedures remains on the premises of the
44 abortion clinic until all patients are discharged.

45 4. For a surgical abortion, a physician with admitting privileges at a
46 health care institution that is classified by the director as a hospital

1 pursuant to section 36-405, subsection B and that is within thirty miles of
2 the abortion clinic remains on the premises of the abortion clinic until all
3 patients are stable and are ready to leave the recovery room and to
4 facilitate the transfer of emergency cases if hospitalization of the patient
5 or viable fetus is necessary. A physician shall sign the discharge order and
6 be readily accessible and available until the last patient is discharged.

7 5. A physician discusses Rh0(d) immune globulin with each patient for
8 whom it is indicated and assures it is offered to the patient in the
9 immediate postoperative period or that it will be available to her within
10 seventy-two hours after completion of the abortion procedure. If the patient
11 refuses, a refusal form approved by the department shall be signed by the
12 patient and a witness and included in the medical record.

13 6. Written instructions with regard to postabortion coitus, signs of
14 possible problems and general aftercare are given to each patient. Each
15 patient shall have specific instructions regarding access to medical care for
16 complications, including a telephone number to call for medical emergencies.

17 7. There is a specified minimum length of time that a patient remains
18 in the recovery room by type of abortion procedure and duration of gestation.

19 8. The physician assures that a licensed health professional from the
20 abortion clinic makes a good faith effort to contact the patient by
21 telephone, with the patient's consent, within twenty-four hours after a
22 surgical abortion to assess the patient's recovery.

23 9. Equipment and services are located in the recovery room to provide
24 appropriate emergency resuscitative and life support procedures pending the
25 transfer of the patient or viable fetus to the hospital.

26 G. The director shall adopt rules that prescribe standards for
27 follow-up visits. At a minimum these rules shall require that:

28 1. For a surgical abortion, a postabortion medical visit is offered
29 and, if requested, scheduled for three weeks after the abortion, including a
30 medical examination and a review of the results of all laboratory tests. For
31 a medication abortion, the rules shall require that a postabortion medical
32 visit is scheduled between one week and three weeks after the initial dose ~~of~~
33 ~~FOR~~ a medication abortion to confirm the pregnancy is completely terminated
34 and to assess the degree of bleeding.

35 2. A urine pregnancy test is obtained at the time of the follow-up
36 visit to rule out continuing pregnancy. If a continuing pregnancy is
37 suspected, the patient shall be evaluated and a physician who performs
38 abortions shall be consulted.

39 H. The director shall adopt rules to prescribe minimum abortion clinic
40 incident reporting. At a minimum these rules shall require that:

41 1. The abortion clinic records each incident resulting in a patient's
42 or viable fetus' serious injury occurring at an abortion clinic and shall
43 report them in writing to the department within ten days after the incident.
44 For the purposes of this paragraph, "serious injury" means an injury that
45 occurs at an abortion clinic and that creates a serious risk of substantial

1 impairment of a major body organ and includes any injury or condition that
2 requires ambulance transportation of the patient.

3 2. If a patient's death occurs, other than a fetal death properly
4 reported pursuant to law, the abortion clinic reports it to the department
5 not later than the next department work day.

6 3. Incident reports are filed with the department and appropriate
7 professional regulatory boards.

8 I. The director shall adopt rules relating to enforcement of this
9 article. At a minimum, these rules shall require that:

10 1. For an abortion clinic that is not in substantial compliance with
11 this article and the rules adopted pursuant to this article or that is in
12 substantial compliance but refuses to carry out a plan of correction
13 acceptable to the department of any deficiencies that are listed on the
14 department's ~~state~~ STATEMENT of deficiency, the department may do any of the
15 following:

16 (a) Assess a civil penalty pursuant to section 36-431.01.

17 (b) Impose an intermediate sanction pursuant to section 36-427.

18 (c) Suspend or revoke a license pursuant to section 36-427.

19 (d) Deny a license.

20 (e) Bring an action for an injunction pursuant to section 36-430.

21 2. In determining the appropriate enforcement action, the department
22 ~~considers~~ CONSIDER the threat ~~of~~ TO the health, safety and welfare of the
23 abortion clinic's patients or the general public, including:

24 (a) Whether the abortion clinic has repeated violations of statutes or
25 rules.

26 (b) Whether the abortion clinic has engaged in a pattern of
27 noncompliance.

28 (c) The type, severity and number of violations.

29 J. The department shall not release personally identifiable patient or
30 physician information.

31 K. The rules adopted by the director pursuant to this section do not
32 limit the ability of a physician or other health professional to advise a
33 patient on any health issue.

34 Sec. 2. Rulemaking exemption

35 For the purposes of this act, the department of health services is
36 exempt from the rulemaking requirements of title 41, chapter 6, Arizona
37 Revised Statutes, for one year after the effective date of this act.

APPROVED BY THE GOVERNOR MARCH 30, 2016.

FILED IN THE OFFICE OF THE SECRETARY OF STATE MARCH 31, 2016.