**311.774 Report on prescriptions for abortion-inducing drugs -- Information on potential reversal of effect of drugs to be included with prescription -- Complications and adverse events to be reported to Vital Statistics Branch.**

(1) Each prescription issued for an abortion-inducing drug as defined in KRS 311.7731 for which the primary indication is the induction of abortion as defined in KRS 311.720 shall be reported on a report form provided by the cabinet within three (3) days after the prescription was issued. The report form shall be signed by the qualified physician who provided the abortion-inducing drug and transmitted to the cabinet within three (3) days after the drug was provided. Each report shall include at minimum the information required by KRS 213.101.

(2) Information on the potential ability of a physician to reverse the effects of abortion-inducing drugs as defined in KRS 311.7731 for which the primary indication is the induction of abortion, including where additional information about this possibility may be obtained and contact information for assistance in locating a physician who may aid in the reversal, shall be provided with each prescription issued for an abortion-inducing drug for which the primary indication is the induction of abortion as defined in KRS 311.720.

(3) For each abortion reported to the Vital Statistics Branch as required by KRS 213.101, the report shall also state whether any abortion complication or adverse event as defined in KRS 311.7731 or medical treatment was known to the provider as a result of the abortion. The report shall be completed and signed by the physician, qualified physician, or other healthcare provider who diagnosed or treated the complication or adverse event.

(4) The report shall include at a minimum the information required by KRS 213.101 and:

(a) Whether a complication or adverse event as defined in KRS 311.7731 occurred during the abortion procedure or while the pregnant patient was still at the facility where the abortion was performed and the level of intervention required to attend to the complication or adverse event:

1. Emergency medical services;
2. Stabilization on site;
3. Transport to another medical facility;
4. Urgent care follow-up; and
5. Primary care provider;

(b) The date the pregnant patient presented for diagnosis or treatment for the complication or adverse event;

(c) Whether the complication or adverse event was previously managed by the qualified physician who provided the abortion-inducing drug as defined in KRS 311.7731 or a backup qualified physician;

(d) The amount billed to cover the treatment for specific complications, including whether the treatment was billed to Medicaid, private insurance, private pay, or other method. This should include the ICD-10 codes reported and charges for any physician, hospital, emergency room, prescription or other drugs, laboratory tests, and any other costs for

treatment rendered; and

(e) A list of complications, adverse events, or treatments that occurred, a list of any emergency transfers, and any follow-up treatment provided including whether any additional drugs were provided in order to complete the drug-induced abortion.

**Effective:** April 14, 2022

**History:** Amended 2022 Ky. Acts ch. 210, sec. 26, effective April 14, 2022. -- Created 2019 Ky. Acts ch. 191, sec. 2, effective June 27, 2019.

**Legislative Research Commission Note** (4/14/2022). This statute was amended by 2022 Ky. Acts ch. 210, sec. 26. Section 38 of that Act states, "Sections 1 to 31 of this Act may be cited as the Humanity in Healthcare Act of 2022."