

DEPARTMENT OF HEALTH, STATE BOARD OF HEALTH

SUBJECT: Rules for the Administration of Vital Records

DESCRIPTION: The following changes are being proposed to the Rules for the Administration of Vital Records:

Title Page: changed “Nathaniel Smith, MD, MPH” to “Jose R. Romero, MD.”

Rule 8.1, page 15: changed “24 hours” to “48 hours.” This addresses the timeline for embalming a dead body as adopted by Act 132 of 2021.

Rule 12.0, page 17: added language referencing “non-chemical” induced termination of pregnancy. Act 560 of 2021 requires additional reporting requirements for chemical induced abortions. As a result, the current report will be utilized for reporting of non-chemical abortions. A new form was developed for reporting of chemical induced abortions.

Rule 12.1, page 18: added the following language:

RULE 12.1 REPORTS OF CHEMICAL INDUCED TERMINATION OF PREGNANCY

(a) Chemical induced terminations of pregnancy are to be reported on Vital Records form VR-29b, which is attached hereto as Appendix B pursuant to Act 560 of 2021. The chemical induced termination of pregnancy report is an official record and shall remain confidential except that a disclosure may be made to law enforcement officials upon an order of a court after an application showing good cause. These reports are incorporated into the official records of the Office of Vital Records and are submitted by the healthcare facility to the Center of Health Statistics within fifteen days after each month’s end.

(b) The number of chemical induced terminations of pregnancy by trimester are to be reported quarterly on Vital Record form VR-29c, which is attached hereto as Appendix C pursuant to Act 560 of 2021. Quarterly reports of the number of chemical induced terminations of pregnancy by trimester are statistical reports and are not incorporated into the official records of the Office of Vital Records. These reports are to be submitted by the healthcare facility performing chemical abortions within fifteen days after each quarter’s end. These reports will be maintained and retained in the same manner as described in Rule 12.0.

Act 560 of 2021 requires additional reporting requirements for chemical induced abortions that requires two forms. The VR-29b is an individual report and is an official document. The VR-29c is an aggregated report and is a statistical report.

Rule 12.2, page 18: formatting change

Certification, page 26: changed “Nathaniel Smith, MD, MPH” to “Jose R. Romero, MD” and “Director” to “Secretary.”

Appendix A: created VR-29a from old VR-29. Added additional language referencing non-chemical induced termination of pregnancy. Added additional questions regarding whether an abortion was performed to save the life of the mother or due to rape or incest, as required by Act 787 of 2021. There was a reference correction for number 18 and format changes – data items were re-numbered.

Appendix B: The VR-29b has the same information as the original VR-29 with the additional language required for chemical abortions. Act 787 of 2021 requires facilities to report if an abortion was performed to save the life of the mother or due to rape or incest. Act 560 of 2021 requires an official report for each chemical abortion performed. The information includes specific reason for the abortion, the specific chemical regime, complications, and physician signature. Additionally, the form instructions contain a reference correction for number 20 and formatting changes – data items were renumbered.

Appendix C: The VR-29c is a new report. The report collects the total number of chemical abortions performed in each trimester of pregnancy during the quarter. Act 560 of 2021 requires facilities to report on the total number of chemical abortions on a quarterly basis.

PUBLIC COMMENT: No public hearing was held on this proposed rule. The public comment period expired on February 21, 2022. The agency indicated that it received no public comments.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that this rule has no financial impact.

LEGAL AUTHORIZATION: “The State Board of Health may adopt, amend, and repeal rules for the purpose of carrying out” the Vital Statistics Act. Ark. Code Ann. § 20-18-202. These changes implement Acts 132, 560, and 787 of 2021.

Act 132, sponsored by Representative Mike Holcomb, amended the timeline for embalming a dead body in the state.

Act 560, sponsored by Representative Robin Lundstrum, created the Informed Consent for Chemical Abortion Act. “The State Board of Health shall adopt rules to implement” the Act. Ark. Code Ann. § 20-16-2506(a)(1), *as created by* Act 560.

Act 787, sponsored by Senator Blake Johnson, amended the laws regarding abortion reporting and inspections of abortion facilities and required that certain documentation be presented before performing an abortion when the pregnancy is a result of rape or incest.

ARKANSAS STATE BOARD OF HEALTH

**ARKANSAS DEPARTMENT OF HEALTH
CENTER FOR PUBLIC HEALTH PRACTICE**

**RULES FOR THE
ADMINISTRATION OF VITAL RECORDS**

**Promulgated Under the Authority of
Arkansas Code Annotated § 20-18-101 et seq.**

Effective: ~~June 29, 2020~~

**By the Arkansas State Board of Health
Arkansas Department of Health
Little Rock, Arkansas
~~Nathaniel Smith, MD, MPH~~
Jose R. Romero, MD**

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AUTHORITY

The following Rules for Administration of Vital Records are duly adopted and promulgated by the Arkansas State Board of Health pursuant to the authority expressly conferred by the laws of the State of Arkansas, Act 1254 of 1995.

RULE 1.0. DUTIES OF STATE REGISTRAR OF VITAL RECORDS

(Reference: Section 7 of Act 1254)

(a) The State Registrar, under the direction of the State Board of Health, shall execute and enforce the provisions of the laws and the Rules and supervise registrars, to the end that all of the requirements shall be uniformly complied with. The Registrar shall have authority to investigate cases of irregularity or violation of law, personally or by accredited representative, and all local registrars and their deputies shall aid the Registrar, upon request, in such investigations. The Registrar shall report cases of violation of any of the provisions of the laws and rules to the prosecuting attorney of the proper county, with a statement of facts and circumstances.

(b) The State Registrar shall have the authority to cross-reference birth and death certificates on file for the same individual by stamping on the face information necessary to show relation of the two certificates.

(c) Upon demand of the State Registrar in person, mail, or through the local registrar, all physicians, coroners, midwives, administrators in institutions, informants, nurse midwives, circuit or county clerks, or funeral directors, and all other persons having knowledge of the facts, shall furnish such information as they may possess regarding any live birth, death, fetal death, marriage, divorce or annulment.

RULE 1.1 REGISTRATION DISTRICTS

The local county health unit in each county shall serve as registration district for the deaths occurring in the county until notified otherwise by the State Registrar. The Central Office shall serve as the site of registration for births and fetal deaths. State Registrar may designate additional offices.

RULE 1.2 FORMS

(Reference: Section 5(a)(5) of Act 1254 of 1995)

All forms, certificates and reports used in the system of vital records are the property of the Board and shall be surrendered to the State Registrar upon demand. The forms prescribed and distributed by the State Registrar for reporting vital records shall be used only for official purposes. No forms shall be used in the reporting of vital records or making copies thereof, except those furnished or approved by the State Registrar. Electronic data records will be accepted only when standards set by the State Registrar are met.

RULE 1.3 REQUIREMENTS FOR PREPARATION OF CERTIFICATES

Legacy records refer to records which are issued from paper or a digital image of a paper record. All legacy certificates and records relating to vital records must either be prepared on a typewriter with a black ribbon or printed legibly in black, unfading ink. All signatures required shall be

entered in black, unfading ink. Unless otherwise directed by the State Registrar, no certificate shall be complete and correct and acceptable for registration:

- (a) That does not have the certifier's name typed or printed legibly;
- (b) That does not supply all items of information called for thereon or satisfactorily account for their omission;
- (c) That contains alterations or erasures;
- (d) That does not contain handwritten signatures as required;
- (e) That is marked "copy" or "duplicate";
- (f) That is a carbon copy;
- (g) That is prepared on an improper form;
- (h) That contains improper or inconsistent data;
- (i) That contains an indefinite cause of death which denotes only symptoms of disease or conditions resulting from disease;
- (j) That is not prepared in conformity with rules or instructions issued by the State Registrar.

Electronic records refer to records which are issued from an electronic database of information. All portions of the record that have been prepared on paper must meet the same requirements as legacy records. Portions of the record that have been entered directly into the database must:

- (a) Contain all items of information called for thereon or satisfactorily account for their omission;
- (b) Must not contain an indefinite cause of death which denotes only symptoms of disease or conditions resulting from disease;
- (c) Be attested to be correct by a qualified funeral director or certifier who has personally accessed the record with a previously assigned user identification and complex password.

RULE 1.4 APPOINTMENT OF LOCAL REGISTRAR AND DEPUTY REGISTRARS

Each local registrar or deputy local registrar of vital records shall be notified of his appointment or reappointment in writing, setting forth the registration district and duties of his office.

The State Registrar shall appoint not less than one person to be local registrar for deaths in each county. Each person so appointed shall receive a written notice setting forth the area for which he or she is to be responsible for promoting and supervising vital registration.

Each local registrar shall appoint and submit to the State Registrar, the name of the person or persons who are to act as deputy local registrars.

RULE 1.5 REMOVAL OF LOCAL REGISTRARS AND DEPUTY LOCAL REGISTRARS

Failure to carry out the provisions of the Vital Statistics Act and rules adopted thereunder or conduct that may impair operation of the vital records system shall be considered reasonable cause for removal of the local registrar or deputy local registrar for vital records by the State Registrar. Notification of such action shall be in writing.

RULE 2.0 DUTIES OF LOCAL REGISTRARS

(Reference: Section 7 of Act 1254 of 1995)

RULE 2.1 DUTIES

Each local registrar shall serve as the agent of the State Registrar in his registration district and shall:

- (a) Be familiar with Act 1254 of 1995, as it pertains to birth, death and fetal death certificates;
- (b) Maintain an adequate supply of all forms and blanks furnished by the State Registrar and supply these to such persons as require them;
- (c) Examine legacy certificates for accuracy and completeness as they are submitted for registration to determine whether they have been prepared in accordance with the Act, rules and instructions of the State Registrar;
- (d) Notify the person responsible for the filing when any certificate submitted for registration is unacceptable and secure a complete and correct certificate;
- (e) Sign each legacy certificate of death and enter the date received by him/her and submit to the State Registrar;
- (f) Issue certified copies of registered death certificates within 24 hours of request. All forms and procedures used to issue the copies shall be provided or approved by the State Registrar. If it is deemed appropriate and feasible, local Registrar's office may be provided access to all birth and/or death records filed in this State;
- (g) Provide assistance to physicians, hospitals, funeral homes and others in matters pertaining to vital records;
- (h) Perform such other duties as required by the State Registrar.

RULE 2.2 ABSENCE, ILLNESS OR DISABILITY OF THE LOCAL REGISTRAR

The local registrar shall notify the deputy local registrar of his absence or incapacity to perform his duties. The deputy local registrar shall thereupon immediately assume all duties and responsibilities of the local registrar.

In case of any extended absence, the State Registrar shall be notified in writing by the local registrar or deputy local registrar.

RULE 2.3 RESIGNATION OF LOCAL REGISTRAR OR DEPUTY LOCAL REGISTRAR

A local registrar or a deputy local registrar shall submit his resignation in writing to the State Registrar.

RULE 3.0 INFANTS OF UNKNOWN PARENTAGE; FOUNDLING REGISTRATION

(Reference Section 19 of Act 1254 of 1995)

The report for an infant of unknown parentage shall be registered on a regular certificate of live birth and shall:

- (a) Have "foundling" plainly marked in the top margin of the certificate;
- (b) Show the required facts as determined by approximation and have parentage data left blank;

(c) Amend the certification of the attendant to show the signature of the custodian and indicate title, if any.

When a report has been sealed as provided by Section 19(d) of the Vital Statistics Act, the State Registrar may inspect such information for purposes of properly administering the vital records program.

RULE 4.0 BIRTH REGISTRATION

(Reference: Section 16 of Act 1254 of 1995)

RULE 4.1 OUT OF INSTITUTION BIRTH - DOCUMENTARY EVIDENCE

When a birth occurs in this State outside of a hospital or institution, and the birth certificate is filed before the first birthday, additional evidence in support of the facts of birth may be required.

A certificate for the birth shall be completed and filed upon presentation of the following evidence by the individual responsible for filing the certificate:

(a) Evidence of pregnancy, such as but not limited to:

(1) Prenatal record, or

(2) A statement from a physician or other health care provider qualified to determine pregnancy, or

(3) a home visit by a public health nurse or other health care provider, or

(4) other evidence acceptable to the State Registrar.

(b) Evidence that the infant was born alive, such as but not limited to:

(1) A statement from the physician or other health care provider who saw or examined the infant, or

(2) an observation of the infant during a home visit by a public health nurse, or

(3) other evidence acceptable to the State Registrar.

(c) Evidence of the mother's presence in this State on the date of birth, such as but not limited to:

(1) If the birth occurred in the mother's residence,

(a) a driver's license, or a State-issued identification card, which includes the mother's current residence on the face of the license/card, or

(b) a rent receipt that includes the mother's name and address, or

(c) any type of utility, telephone, or other bill that includes the mother's name and address, or

(d) other evidence acceptable to the State Registrar.

(2) If the birth occurred outside of the mother's place of residence, and the mother is a resident of this State, such evidence shall consist of:

(a) An affidavit from the tenant of the premises where the birth occurred, that the mother was present on those premises at the time of the birth, and

(b) evidence of the affiant's residence similar to that required in paragraph (c)(1) of this rule, and

(c) evidence of the mother's residence in the State similar to that required in paragraph (c)(1) of this rule, or

(d) Other evidence acceptable to the State registrar.

(3) If the mother is not a resident of this State, such evidence must consist of clear and convincing evidence acceptable to the State Registrar. (See paragraph (c)(2)).

RULE 4.2 DELAYED REGISTRATION OF BIRTH

(Reference: Section 17 of Act 1254 of 1995)

Certificates of birth filed after 10 days but within one year from date of birth shall be registered on the standard live birth certificate as prescribed in A.C.A. § 20-18-401.

Certificates of birth filed after one year but within four years from the date of birth shall be registered on the standard live birth certificate form in the manner prescribed in Section 16 of the Act. Such certificates shall be marked "Delayed".

In any case where the certificate is signed by someone other than the attendant or person in charge of the institution where the birth occurred, a notarized statement setting forth the reason may be required by the State Registrar. The State Registrar may require additional evidence in support of the facts of birth and/or an explanation for the delay in filing.

RULE 4.3 DELAYED CERTIFICATE OF BIRTH FORM

All certificates registered four years or more after the date of birth are to be registered on a delayed certificate of birth form prescribed by the State Registrar. A delayed birth certificate shall not be filed on a deceased person.

RULE 4.4 WHO MAY REQUEST THE REGISTRATION OF AND SIGN A DELAYED CERTIFICATE OF BIRTH

Any person born in this State whose birth is not recorded in this State, or his parent, guardian, next of kin, or older person age 28 years or over acting for the registrant and having personal knowledge of the facts of the birth may request the registration of a delayed certificate of birth, subject to these rules and instructions issued by the State Registrar.

Each delayed certificate of birth shall be signed and sworn to before an official authorized to administer oaths by the person whose birth is to be registered if such person is age 18 years or over and is competent to sign and swear to the accuracy of the facts stated therein; otherwise, the certificate shall be signed and sworn to by one of the following in the indicated order of priority:

- (a) One of the parents of the registrant, or
- (b) The guardian of the registrant, or
- (c) The next of kin of the registrant, or
- (d) Any person 18 year or over having knowledge of the facts of birth.

RULE 4.5 FACTS TO BE ESTABLISHED FOR A DELAYED REGISTRATION OF BIRTH

The minimum facts which must be established by documentary evidence shall be the following:

- (a) The full name of the person at the time of birth;
- (b) The date of birth and place of birth;

(c) The full maiden name of the mother;

(d) The full name of the father; except that if the mother was not married to the father of the child either at the time of conception or birth or any time between conception and birth, the name of the father shall not be entered on the delayed certificate.

RULE 4.6 DELAYED REGISTRATION FOLLOWING A LEGAL CHANGE OF STATUS

When evidence is presented reflecting a legal change of status by adoption, legitimation, paternity determination or acknowledgement, a new delayed certificate may be established to reflect such changes. The existing certificate and the evidence upon which the new certificate was based shall be placed in a special file. Such file shall not be subject to inspection except upon order of competent jurisdiction or by the State Registrar for purposes of properly administering the vital records program.

RULE 4.7 DOCUMENTARY EVIDENCE - REQUIREMENTS

To be acceptable for filing, the name of the registrant at the time of the birth and the date and place of birth entered on a delayed certificate of birth shall be supported by at least:

(a) A hospital record created at the time of birth, or two pieces of acceptable documentary evidence, if the record is filed within 10 years after the date of birth, or;

(b) Three pieces of acceptable documentary evidence, if the record is filed 10 years or more after the date of birth.

RULE 4.8 DOCUMENTARY EVIDENCE - ACCEPTABILITY

The State Registrar shall determine the acceptability of all documentary evidence submitted.

(a) Documents presented, including but not limited to census, hospital, church, and school records, must be from independent sources and shall be in the form of the original record or a duly certified copy thereof or a signed statement from the custodian of the record or document. Documents must have been established at least one year prior to the date of application. Affidavits of personal knowledge are not acceptable as evidence to establish a delayed certificate of birth.

(b) All documents submitted in evidence:

(1) for persons age 10 years or over, must have been established at least 10 years prior to the date of application, or within 3 years from the date of birth; and

(2) for persons under 10 years of age, must be dated at least one year prior to the date of application or within the first year of life.

RULE 4.9 ABSTRACTION OF DOCUMENTARY EVIDENCE

The State Registrar, or his or her designated representative, shall abstract on the delayed certificate of birth a description of each document submitted to support the facts shown on the delayed birth certificate. This description shall include:

(a) The title or description of the document;

(b) The name and address if the custodian;

(c) The date of the original filing of the document being abstracted and

(d) All birth facts required by Rule 4.5 contained in each document accepted as evidence.

All documents submitted in support of the delayed birth registration shall be returned to the applicant after review.

RULE 4.10 CERTIFICATION BY THE STATE REGISTRAR

The State Registrar, or his or her designated representative shall verify:

- (a) That no prior birth certificate is on file for the person whose birth is to be recorded;
- (b) That he or she has reviewed the evidence submitted to establish the facts of birth; and
- (c) That the abstract of the evidence appearing on the delayed certificate of birth accurately reflects the nature and content of the document.

RULE 4.11 DISMISSAL AFTER ONE YEAR

Applications for delayed certificates which have not been completed within 1 year from the date of application may be dismissed at the discretion of the State Registrar. Upon dismissal, the State Registrar shall so advise the applicant and all documents submitted in support of such registration shall be returned to the applicant.

RULE 5.0 NEW CERTIFICATES OF BIRTH FOLLOWING LEGITIMATION, DETERMINATION OF PATERNITY, ACKNOWLEDGMENT OF PATERNITY, ADOPTION, LEGAL CHANGE OF NAME.

(Reference: Section 20 and 21 of Act 1254 of 1995)

RULE 5.1 NEW CERTIFICATE

The new certificate of birth shall be on the form in use at the time of its preparation and shall include the following items and such other information necessary to complete the certificate:

- (a) The name of the child;
- (b) The date and place of birth as transcribed from the original certificate;
- (c) The names and personal particulars of the adoptive parents or of the natural parents;
- (d) The name of the attendant, printed or typed;
- (e) The same birth number as was assigned to the original certificate;
- (f) The original filing date.

The data necessary to locate the existing certificate and the data necessary to complete the new certificate shall be submitted to the State Registrar on forms prescribed or approved by him.

RULE 5.2 LEGITIMATION

If the natural parents marry after the birth of a child, a new certificate of birth shall be prepared by the State Registrar for a child born in this State, upon receipt of an affidavit of paternity signed by the natural parent of said child, together with a certified copy of the parents' marriage record. However, if another man is shown as the father of the child on the original certificate, a new certificate may be prepared only when a determination of paternity is made by a court of competent jurisdiction. The new birth certificate shall not be marked "Amended".

RULE 5.3 DETERMINATION OF PATERNITY

A new certificate of birth shall be prepared by the State Registrar for a child born in this State, upon receipt of a certified copy of a court determination of paternity, together with a request from the natural mother or person having legal custody of said child, that such new certificate be prepared. If the surname of the child is not decreed by the court, the request for the new certificate shall specify the surname to be placed on the certificate. The new certificate shall not be marked "court order".

RULE 5.4 ACKNOWLEDGMENT OF PATERNITY

A new certificate of birth shall be prepared by the State Registrar for a child born out of wedlock in this State upon receipt of a sworn acknowledgement of paternity signed by both parents and a written request by both parents that the child's surname be changed on the certificate. However, if another man is shown as the father of the child on the original certificate, a new certificate may be prepared only when a determination of paternity is made by a court of competent jurisdiction, or following adoption.

RULE 5.5 ADOPTION

(a) A new certificate of birth may be prepared by the State Registrar for a child born in this State upon receipt of an adoption report or certified copy of an adoption decree from the courts of the several states of the United States or a foreign nation. The new birth certificate shall not be marked "Amended".

(b) A certificate of birth shall be prepared by the State Registrar for a child born in a foreign country and subsequently adopted through a court of competent jurisdiction in Arkansas. An adoption report as provided for in code 20-18-405 and a request that such a certificate be established, shall be submitted to the State Registrar for preparation of an Arkansas certificate of foreign birth. Such certificate shall not confer citizenship upon the child or the adoptive parents.

RULE 5.6 LEGAL CHANGE OF NAME

A new certificate of birth, following a legal name change, shall be established upon receipt of a court order from a court of competent jurisdiction.

This certificate shall be marked "Court Order".

RULE 5.7 EXISTING CERTIFICATE TO BE PLACED IN A SPECIAL FILE

After preparation of the new certificate, the existing certificate and the evidence upon which the new certificate was based are to be placed in a special file.

Such file shall not be subject to inspection except upon order of a court of competent jurisdiction or by the State Registrar for purposes of properly administering the vital statistics program.

RULE 6.0 DEATH REGISTRATION

(Reference: Section 14 and 25 of Act 1254 of 1995 and Section 1 of Act 975 of 2019)

The funeral director shall electronically (or by system designated by the State Registrar) file a fact of death within three days of death. This shall consist of the legal name, date and time of death, county of death, date of birth, Social Security Number, and resident address of the deceased.

Medical certification shall be completed and returned to the funeral home electronically (or by a system designated by the State Registrar) within three business days after receipt of the death

certificate by the medical certifier except when inquiry is required by § 12-12-315, § 12-12-318, or § 14-15-301 et seq. The complete certificate shall be filed within ten days. The funeral director is to notify the local county registrar of death certificates that cannot be filed within ten (10) days.

RULE 6.1 ACCEPTANCE OF INCOMPLETE DEATH CERTIFICATE

(a) If the attending physician, medical examiner, or coroner are unable to complete the medical certification of cause of death within the prescribed statutory time period, he may indicate that cause of death is "pending" and sign the certification.

A supplemental report providing the medical information omitted from the original certificate shall be filed by the certifier with the State Registrar within (90) days.

The supplemental report(s) shall be made a part of the existing death certificate. Supplemental reports filed after 90 days shall be considered an application to amend the record. The certificate shall be marked amended.

(b) If the funeral home is unable to obtain the personal information about the deceased within the prescribed statutory time period, the funeral director shall file a death certificate form completed with all available information. If information is unavailable, indicate "unknown". Within ten (10) days after the State Registrar receives the certificate, the funeral director may make changes to personal information where the change corrects an error made in the registration and filing of the certificate. Do not mark "amended".

Amendment of errors to personal information or addition of missing information made 10 days after receipt of the original certificate shall be by affidavit and the certificate shall be marked "amended".

The State Registrar may make administrative corrections to certificates within one year without certificate being marked "amended".

(c) In any case where an autopsy is scheduled and the physician, coroner or medical examiner wishes to await its gross findings to confirm a tentative clinical finding, he shall give the funeral director notice as to when he expects to have the medical data necessary for the certification of cause of death. If the provisions of Section 25 of Act 1254 of 1995 cannot be adhered to, he shall indicate that the cause is "pending" and sign the certification. Immediately after the medical data necessary for determining the cause of death have been made known, the physician or coroner or medical examiner shall, over his signature, forward the cause of death to the registrar on a form prescribed for that purpose by the State Registrar.

RULE 6.2 COMPLETION OF CERTIFICATE WHEN DEATH OCCURS IN AN INSTITUTION

(a) When a death occurs in a hospital or other institution and the death is not under the jurisdiction of the medical examiner or coroner, the person in charge of such institution, or his or her designated representative, shall be responsible for obtaining the medical certificate. (This responsibility does not include DOA in the hospital emergency room.)

(b) Hospitals or other institutions may assist in preparation of the certificates by completing the following items:

- (1) Name of deceased
- (2) Date of death

(3) Place of death

RULE 7.0 AUTHORIZATION OF FINAL DISPOSITION

(Reference: Section 28 of Act 1254 of 1995)

RULE 7.1 BURIAL-TRANSIT PERMIT

(a) A burial-transit permit shall be required when a dead body is cremated or transported out of the State.

(b) The burial-transit permit shall be issued by the State Registrar and/or designated representative of the district in which the death occurred upon request of a funeral director or his designated representative.

(c) A burial-transit permit may be waived for disposition in Arkansas for persons who died in Arkansas and will be buried in Arkansas.

(d) Cremation shall occur as authorized by the Arkansas State Board of Embalmers and Funeral Directors.

RULE 7.2 REMOVAL OF BODY

Before removing a dead body or fetus that has reached a gestation period of 20 completed weeks, from the place of death, the funeral director or his designated representative shall:

(a) Obtain assurance from the attending physician that death is from natural causes and that the physician will assume responsibility for certifying to the cause of death or fetal death; or

(b) Contact the medical examiner or coroner if the case comes within his jurisdiction and receive authorization from him to remove the body.

RULE 7.3 DISPOSITION OF DEAD BODIES OR FETUSES

(a) Disposition of dead bodies or fetuses shall be by burial in registered cemetery, or by cremation. Hospitals may dispose of dead fetuses by incineration.

(b) The death and fetal death certificates shall be certified by the physician, coroner, or Medical Examiner before cremation or hospital disposal takes place.

(c) Dead bodies or fetuses may be donated to the medical schools for research purposes.

RULE 7.4 DISINTERMENT

No dead human body shall be removed from its place of original interment except under the following conditions:

(1) Unless a permit from the State Registrar or his designated representative marked "Disinterment Permit" be secured by a licensed funeral director in charge of the disinterment.

The qualified person making the application shall present to the State Registrar, the correct name, age, date of death of the body to be disinterred, place of disinterment, together with written consent of the next of kin or their authorized representative, by the local law enforcement officer, or by court order. The State Registrar may require legal proof of such kinship or legal authority.

(2) All disinterment permits shall be void after the expiration of thirty (30) days after the date of issue. An extension of 30 days may be granted upon written request by the funeral director.

(3) Procedures:

(a) The disinterment and removal must be under the direction of a licensed funeral director and in accordance with the rules governing the transportation of the dead. The coroner of the county of burial must be notified of a disinterment.

(b) The casket in which a disinterred body is contained shall not be opened at any time, except by court order, or under instructions of the medical examiner or coroner of the county of death.

(c) The funeral director authorized to conduct a disinterment shall be held personally responsible for the enforcement of these requirements.

(d) Upon receipt of court order or signed permission of the next of kin, the State Registrar may issue one permit to authorize disinterment and reinterment of all remains in a mass disinterment provided that insofar as possible the remains of each body be identified and the place of disinterment and reinterment specified.

(e) A dead body properly prepared by an embalmer and deposited in a receiving vault shall not be considered a disinterment when removed from the vault for final disposition.

RULE 8.0 TRANSPORTATION OF DEAD BODIES

(Reference: Section 28 of Act 1254 of 1995)

(a) A transportation company shall accept a dead human body for shipment only when it is accompanied by a properly completed burial-transit permit.

(b) A transportation company shall not accept a dead human body for shipment when fluid or offensive odors are escaping from the case.

(c) A dead human body transported by common carrier must be embalmed thoroughly by an approved embalming process, placed in a rigid container made for the purpose, equipped with sufficient handles on sides and ends. A body which cannot be embalmed, or is in a state of decomposition, shall be transported only after enclosure in an air-tight container.

RULE 8.1 PRESERVATION OF BODIES

All dead human bodies not buried within ~~24~~ 48 hours after death shall be embalmed in a manner approved by the Arkansas Board of Embalmers and Funeral Directors, or stored under refrigeration at 45 degrees Fahrenheit or less. When a dead body is being cremated, embalming and refrigeration shall not be required for a forty-eight hour period after death unless a health problem dictates otherwise.

RULE 8.2 BODIES PLACED IN VAULTS

Bodies placed in receiving vaults fifteen (15) days or more shall be encased in an airtight container.

RULE 8.3 RESPONSIBILITY FOR THE IDENTIFICATION OF THE BODY OF DECEASED PERSON WHO MAY HAVE BEEN INFECTED BY A COMMUNICABLE DISEASE

See Rule XII of the Rules Pertaining to Reportable Disease.

RULE 8.4 ACTS TENDING TO PROMOTE SPREAD OF DISEASE PROHIBITED

Any physician or hospital caring for an individual who dies of a contagious disease shall notify the funeral director on the death certificate, or by other written notice, of the danger involved before the funeral director takes possession of the body.

RULE 9.0 RECORDS AND REPORTS

(Reference: Section 9 of Act 1254 of 1995)

Each funeral director shall keep a record containing, as a minimum, the following information about each dead body or fetus he handles:

- (a) The date, place, and time of receipt;
- (b) the date, place, and manner of disposition;
- (c) if the dead body or fetus is delivered to another funeral director, the date of such delivery and the name and address of the funeral director to whom delivered; and
- (d) the items required by the certificate of death for those deaths for which the funeral director was required to file the certificate.

RULE 10.0 DELAYED REGISTRATION OF DEATH

(Reference: Section 26 of Act 1254 of 1995)

RULE 10.1 REGISTRATION - ONE YEAR TO FOUR YEARS

Certificates of death filed after one year, but within four years from the date of death shall be registered on the standard certificate of death form in the manner prescribed in Section 25 of Act 1254 of 1995. This certificate shall be marked "Delayed".

When the physician, coroner, medical examiner or funeral director is not available, Rule 10.1(d) shall be applicable.

(a) Delayed Certificate of Death Form

All certificates registered four years or more after the date of death are to be registered on a delayed certificate of death form prescribed by the State Registrar.

(b) Who May Request a Delayed Certificate

Only the funeral director or the family of a person who died in the State of Arkansas, whose death is not recorded, may file a delayed certificate of death, subject to the procedures and requirements established by these Rules and instructions issued by the State Registrar.

(c) When the Attending Physician, Coroner or Medical Examiner and the Attending Funeral Director are Available

In cases where the attending physician, coroner or medical examiner and the attending funeral director, or the funeral director that has the deceased's records, are available to complete and sign the certificate, a certificate may be completed without additional evidence and mailed directly to the State Division of Vital Records. The State Registrar may request an affidavit to substantiate the death certificate.

(d) When the Attending Physician, Coroner or Medical Examiner and/or the Attending Funeral Director are Not Available

In cases where the attending physician, coroner or medical examiner and/or the attending funeral director are not available to complete and sign the certificate, the person applying to file a certificate shall submit at least two documents, subject to the discretion of the State Registrar, to establish that:

- (1) The person at one time did exist
- (2) The death did occur at the time and place so stated.

The certificate filed shall contain only such information as can be proved by documentary evidence.

(e) Abstract on Delayed Death Certificates

If an application is acceptable for filing, the State Registrar shall abstract on the delayed death certificate form a description of each document submitted in support of the death registration, including the title or description of the document, the name of the affiant if the document is an affidavit of personal knowledge; or the name of the issuing organization if the document is an original or certified copy of a record or a signed statement taken from a document, and the date.

(f) Date of Filing and Departmental Certification

The State Registrar then shall enter the date of filing and by his signature thereto shall certify:

- (1) That no prior death certificate is on file for the person whose death is to be recorded.
- (2) That he has reviewed the evidence submitted to establish the facts of death.
- (3) That the summary or abstract of the evidence appearing on the delayed death certificate accurately reflects the nature and character of the document.

RULE 11.0 REGISTRATION OF SPONTANEOUS FETAL DEATHS (STILLBIRTH)

(Reference: Section 2 of Act 168 of 2017)

Each spontaneous fetal death where the fetus completed twelve weeks gestation or more, calculated from the date of the last normal menstrual period began to the date of delivery, that occurs in this State shall be reported within five days after delivery to the State Registrar. The fetal death shall be reported on a certificate furnished by the State Registrar.

RULE 11.1 RESPONSIBILITY FOR REPORTING SPONTANEOUS FETAL DEATHS (STILLBIRTHS)

- (a) When a spontaneous fetal death occurs without medical attendance at/or immediately after the delivery, the medical examiner or coroner shall investigate the cause of fetal death and shall prepare and file the report within five (5) days.
- (b) If the delivery of a dead fetus occurred on a moving conveyance, the place of delivery shall be entered in accordance with the instructions given for live births.
- (c) The name of the father and other information about the father shall be entered in accordance with instructions given for live births.
- (d) In the case of multiple births, a separate report shall be submitted for each fetus.

RULE 12.0 REPORT OF NON-CHEMICAL INDUCED TERMINATION OF PREGNANCY (Reference: Section 27 of Act 1254 of 1995)

(a) Non-chemical induced terminations of pregnancy are to be reported on Vital Records form VR-29a, which is attached hereto as Appendix A pursuant to Act 171 of 2013. Reports of non-chemical induced termination of pregnancy are statistical reports only and are not to be incorporated into the official records of the Office of Vital Records.

(b) These are to be forwarded directly to the Center of Health Statistics by the institution or by the physician in attendance if pregnancy termination did not occur in a hospital. The Director of the Center for Health Statistics is authorized to dispose of such reports when all statistical processing of the records has been accomplished. However, the Director of the Center for Health Statistics may establish a file of such records so they will be available for future statistical and research projects provided such a file is not made a part of the official records and the reports are not made available for the issuance of certified copies.

(c) Such file shall be retained for as long as the Director of the Center for Health Statistics deems necessary and it shall then be destroyed. The file may be maintained by photographic, electronic, or other means as determined by the Director of Health Statistics. When such a file is established by the Director of the Center for Health Statistics, the original reports from which they were made shall be destroyed.

(d) A physician who performs an abortion shall report monthly to the Center of Health Statistics the number of informed consent certifications received pursuant to Act 1086 of 2015.

RULE 12.1 REPORTS OF CHEMICAL INDUCED TERMINATION OF PREGNANCY

(a) Chemical induced terminations of pregnancy are to be reported on Vital Records form VR- 29b, which is attached hereto as Appendix B pursuant to Act 560 of 2021. The chemical induced termination of pregnancy report is an official record and shall remain confidential except that a disclosure may be made to law enforcement officials upon an order of a court after an application showing good cause. These reports are incorporated into the official records of the Office of Vital Records and are submitted by the healthcare facility to the Center of Health Statistics within fifteen days after each month's end.

(b) The number of chemical induced terminations of pregnancy by trimester are to be reported quarterly on Vital Record form VR-29c, which is attached hereto as Appendix C pursuant to Act 560 of 2021. Quarterly reports of the number of chemical induced terminations of pregnancy by trimester are statistical reports and are not incorporated into the official records of the Office of Vital Records. These reports are to be submitted by the healthcare facility performing chemical abortions within fifteen days after each quarter's end. These reports will be maintained and retained in the same manner as described in Rule 12.0.

RULE 12.2 REPORT OF SPONTANEOUS FETAL DEATH, (MISCARRIAGES) OF LESS THAN 12 WEEKS

(a) Each spontaneous fetal death or miscarriage of less than 12 weeks gestation, as computed in Rule 11.0, is to be reported on Vital Records form VR-28. These are statistical reports only and are not to be incorporated into the official records of the Office of Vital Records.

(b) These are to be forwarded directly to the Center for Health Statistics by the institution or by the physician in attendance if pregnancy termination did not occur in a hospital. The Director of the Center for Health Statistics is authorized to dispose of such reports when all statistical processing of the records has been accomplished. However, the Director of the Center for Health Statistics may establish a file of such records so they will be available for future statistical and research projects provided such a file is not made a part of the official records and the reports are not made available for the issuance of certified copies.

(c) Such file shall be retained for as long as the Director of the Center for Health Statistics deems

necessary and it shall then be destroyed. The file may be maintained by photographic, electronic, or other means as determined by the Director of Health Statistics. When such a file is established by the Director of the Center for Health Statistics, the original reports from which they were made shall be destroyed.

RULE 13.0 DELAYED REGISTRATION OF MARRIAGE

(Reference: Section 23 of Act 1254 of 1995)

- (a) The registration of a marriage after one year shall be registered on the report of marriage form.
- (b) The marriage certificate must be filed with the State Registrar by the county clerk where the marriage license was originally issued. This certificate shall be marked "Delayed".
- (c) In all cases, the State Registrar may require additional evidence to prove the facts of marriage.

RULE 14.0 AMENDMENT OF VITAL RECORDS

(Reference: Section 14 of Act 1254 of 1995)

RULE 14.1 AMENDMENT OF MINOR ERRORS ON BIRTH CERTIFICATES DURING THE FIRST YEAR

Amendment of obvious errors, transposition of letters in words of common knowledge, or omissions on birth certificates may be made within the first year after the date of birth upon request of persons defined in Rule 14.2. When such additions or minor amendments are made by the State Registrar, an affidavit attesting to the true facts shall be attached to the certificate in such a way as not to become a part of any certification issued. The certificate is not to be marked "Amended".

RULE 14.2 AMENDMENT OF REGISTRANT'S GIVEN NAMES ON BIRTH CERTIFICATES WITHIN THE FIRST YEAR

Until the registrant's first birthday, given names may be amended upon written request of:

- (a) Both parents, or
- (b) The mother in the case of a child born out of wedlock, or
- (c) The father in the case of the death or incapacity of the mother, or
- (d) The mother in the case of the death or incapacity of the father, or
- (e) The guardian or agency having legal custody of the registrant.

After one year from the date of birth, the provisions of Rule 14.4 must be followed to amend a given name if the name was entered incorrectly on the birth certificate. A legal change of name order must be submitted from a court of competent jurisdiction to change a given name after one year.

RULE 14.3 ADDITION OF GIVEN NAMES

After registrant's first birthday, given names for a child whose birth was recorded without given names may be added to the certificate upon written request of:

- (a) Registrant, if of legal age
- (b) Both parents, or
- (c) The mother in the case of a child born out of wedlock, or

- (d) The father in the case of the death or incapacity of the mother, or
- (e) The mother in the case of the death or incapacity of the father, or
- (f) The guardian or agency having legal custody of the registrant.

A certificate amended in this manner prior to the first birthday is not to be marked "Amended".

After the first birthday, one of more items of documentary evidence must be submitted to substantiate the name being added. This certificate shall be marked "Amended".

RULE 14.4 ALL OTHER AMENDMENTS

Unless otherwise provided in these rules or in Section 14 of Act 1254 of 1995, all other amendments to vital records shall be supported by:

(a) An affidavit setting forth:

- (1) Information to identify the certificate;
- (2) The incorrect data as it is listed on the certificate;
- (3) The correct data as it should appear

(b) One or more items of documentary evidence which support the alleged facts and which were established at least five years prior to the date of application for amendment or within seven years of the date of the event. Exceptions can only be made at the discretion of the State Registrar.

The State Registrar shall evaluate the evidence submitted in support of any amendment, and when he finds reason to doubt its validity of adequacy, he may reject the amendment and shall advise the application of the reasons for this action.

RULE 14.5 WHO MAY APPLY

(a) To amend a birth certificate, application may be made by one of the parents if the registrant is under age 18, the guardian, the registrant if he or she is age 18 years or over, or the individual responsible for filing the certificate.

(b) To amend a death certificate, application may be made by the next of kin, the informant listed on the death certificate, or the funeral director or person acting as such who submitted the death certificate. Applications to amend the medical certification of cause of death shall be made only by the physician, coroner or medical examiner who provided the medical certification. The report shall be notarized unless submitted by an approved electronic process.

A court order shall be required to change marital status on death certificates except when persons responsible for the completion of the item make an error.

(c) To amend a fetal death certificate, such application shall be made by one of the parents. Amendments to the medical certification shall be made by the attending physician, the medical examiner or the coroner. The funeral director shall request any amendment to the date, place and method of disposal.

(d) Applications for amendment of certificates of marriage shall be made jointly by both parties to the marriage or by the survivor. In the event the marriage to which the application relates was terminated by divorce, dissolution of marriage, or annulment on or before the date of application for amendment, the applicant may request amendment only of those items on the certificate of marriage which relate to the applicant.

(e) Applications for amendment of matters contained in certificates of divorce, dissolution of marriage, or annulment which are not part of the decree or court order may be made by either party to the marriage so terminated. Applications for amendment of matters contained in certificates of divorce, dissolution of marriage, or annulment which are part of the decree or court order may only be made by the court which ordered the divorce, dissolution of marriage, or annulment upon which the report was made.

RULE 14.6 AMENDMENT OF THE SAME ITEM MORE THAN ONCE

Once an amendment of an item is made on a vital record, that item shall not be amended again unless a court order is received from a court of competent jurisdiction. (New items on the certificate can be corrected with a new affidavit and satisfactory proof.)

RULE 14.7 METHODS OF AMENDING CERTIFICATES

Certificates of birth, death, fetal death, marriage and divorce may be amended by the State Registrar in the following manner:

- (a) Completing the item in any case where the item was left blank on the existing certificate.
- (b) Legacy records, as previously defined, shall be amended by drawing a single line through the item to be amended that does not obliterate the original entry and inserting the correct data immediately above or to the side thereof. Electronic records shall be amended by replacing incorrect information with correct information and adding a footnote mark indicating that original information has been placed at the bottom of the certificate.
- (c) Completing a special form for attachment to the original record. Such form shall include the incorrect information as it appears on the original certificate, the correct information as it should appear, an abstract of the documentation used to support the amendment and sufficient information about the registrant to link the special form to the original record. When a copy of the original record is issued, a copy of the affidavit must be attached.
- (d) A substitute certificate shall be established with correction(s) as specified by the court and the original certificate shall be removed to a special file.
- (e) Items on delayed certificates that were placed on a certificate as a result of documentary evidence can only be amended by a court order.
- (f) A certificate of birth amended pursuant to the provisions of Section 14(d) of Act 1254 of 1995 shall be amended by preparing a new certificate. The item numbers of the entries that were amended shall not, however, be identified on the new certificate or on any certified copies that may be issued of that certificate.

Amended certificates shall be marked "Amended" as required by Section 14 of Act 1254 of 1995, and the date the amendment was made, as well as the initials of the person making the change shall be entered on the face of the certificate. The affidavit and the summary of evidence shall be filed following the amended certificate.

RULE 15.0 DISCLOSURE OF RECORDS

(Reference: Sections 2, 11 and 12 of Act 1254 and Section 2 of Act 1295 of 1995)

To protect the integrity of vital records:

- (a) The State Registrar shall not permit inspection of, or disclose information contained in, vital statistics records, or copy or issue a copy of all or part of any such record unless he or she is

satisfied that the applicant is authorized to obtain a copy or abstract of such record.

(1) Family members doing genealogical research and genealogists representing a family member may obtain copies of records needed for their research. Unless the registrant is deceased, appropriate authorizations shall be required from the registrant or relevant family members as defined in Section 12 for the release of records. (Grandparents and grandchildren are relevant family members.)

(2) The term "authorized representative" shall include an attorney, physician, funeral director, or other authorized agent acting in behalf of the registrant or his or her family.

(3) The natural parents of adopted children, when neither has custody, and commercial firms or agencies requesting listings of names and addresses shall not be authorized to obtain copies or abstracts of the record.

(b) All requests for disclosure of information contain in vital records or reports for research which identifies any person or institution shall be submitted in writing to the State Registrar.

(1) Each request must contain:

(a) Objectives of the research;

(b) peer review and approval of study protocol for any contact of study subjects;

(c) storage and security measures to be taken to assure confidentiality of identifying information, and provision for return or destruction of the information at the conclusion of the research;

(d) time frame of the study;

(e) acknowledgement and agreement that ownership of all information provided by the State Registrar shall remain exclusively in the State Agency and that use of that information by the researcher constitutes a license only for usage during the course of the research and creates no ownership rights by the researcher; and

(f) acknowledgment and agreement that release of identifying information contained in vital records or reports by the researcher to any other person or entity may be made only with prior written approval of the State Registrar.

(2) All requests shall be reviewed to determine compliance with the following:

(a) The request contains all required elements;

(b) the request adequately justifies the need for the requested information;

(c) the requested information can be provided within the time frame set forth in the request; and

(d) the State Agency has adequate resources with which to comply with the request;

(3) The State Registrar shall enter into research agreements for all approved research requests. Each research agreement shall specify exactly what information will be disclosed and shall prohibit release by the researcher of any information which may identify any person or institution. Additionally, each research agreement may provide that in the event of breach the principal investigator(s) and collaborator(s) shall be barred from participation in future research agreements and shall pay to the State Agency the sum of (\$5,000) per violation of the research agreement.

(c) For all requests for disclosure of information contained in vital records or reports for research which does not contain identifiers but may identify any person or institution, a signed agreement

form must be obtained from the person or entity requesting the information which provides the following assurances:

(1) The recipient will neither use nor permit others to use the information in any way except for statistical reporting and analysis;

(2) the recipient will neither release nor permit others to release the information or any part of the information to any person who is not a member of the organization without approval of the State Registrar.

(3) the recipient will neither attempt to link nor permit others to attempt to link the data set with individually identifiable records from any other data set;

(4) the recipient will neither use nor will allow anyone else to attempt to use the information to learn the identify of any person or institution included in the information provided; and

(5) if the identity of any person or institution is discovered inadvertently, the recipient will not make use of this knowledge; will immediately notify the State Registrar; will safeguard or destroy the information which led to the identification of the individual or institution as requested by the State Registrar; and will inform no one else of the discovery.

(d) The State Registrar shall not issue a certified copy of a record until the applicant has provided sufficient information to locate the record. Whenever, it shall be deemed necessary to establish an applicant's right to information from a vital record, the State Registrar shall also require identification of the applicant or a sworn statement.

(e) When 100 years have elapsed after the date of birth, or 50 years have elapsed after the date of death, marriage, or divorce, dissolution of marriage, or annulment, such records in the custody of the State Registrar shall become available to any person upon submission of an application containing sufficient information to locate the record. For each copy issued or search of the files made, the State Registrar shall collect the same fee as is charged for the issuance of certified copies or a search of the files for other records in his or her possession.

RULE 16.0 RECORD PRESERVATION

(Reference: Section 15 of Act 1254 of 1995)

When an authorized reproduction of a vital record has been properly prepared by the State Registrar and when all steps have been taken to ensure the continued preservation of the information, the record from which such authorized reproduction was made may be disposed of by the State Registrar. Such record may not be disposed of, however, until the quality of the authorized reproduction has been tested to ensure that acceptable certified copies can be issued and until a security copy of such document has been placed in a secure location removed from the building where the authorized reproduction is housed. Such security copy shall be maintained in such a manner to ensure that it can replace the authorized reproduction should the authorized reproduction be lost or destroyed.

RULE 17.0 COPIES OF DATA FROM VITAL RECORDS

(Reference: Section 12 of Act 1254 of 1995)

(a) Full certified copies or birth card certification of vital records may be made by mechanical, electronic, or other reproductive processes, except that the information contained in the "Information for Medical and Health Use Only" section of live birth certificates shall not be

included.

(b) When a certified copy is issued, each certification shall be signed and certified as a true copy by the State Registrar in whose custody the record is entrusted and shall include the certificate number, date issued, the registrar's signature or an authorized facsimile thereof, and the seal of the issuing office shall be affixed thereon.

(c) Confidential verifications of the facts contained in vital records may be furnished by the State Registrar to any federal, state, county or municipal government agency or to any other agency representing the interest of the registrant, subject to the limitations as indicated in (a) above. Such confidential verifications may be on forms prescribed and furnished by the requesting agency and acceptable to the State Registrar; or, the State Registrar may authorize the verification in other ways when it shall prove in the best interest of his office.

(d) The State Registrar may authorize certifier and originator to make a uncertified copy of a vital record for their files only. No reproductions are to be issued from this copy for any purpose.

(e) All certified copies shall include, at a minimum, the following security features:

- (1) sensitized security paper;
- (2) background security design;
- (3) copy void pantograph;
- (4) consecutive numbering;

RULE 18.0 FEES FOR COPIES AND SEARCHES

(Reference: Section 29 of Act 1254 of 1995)

(a) No certified copies shall be issued until the fee for such copy is received unless specific approval has been obtained from the State Registrar or otherwise provided for by the Act or Rules. Fees shall be as specified in Arkansas Code 20-7-123.

(b) For research and statistical purposes the State Registrar or the Director of Health Statistics shall determine the fee for such services and determine the manner in which such cost shall be paid.

(c) The State Registrar shall determine the extent and the fees required to conduct an extensive record search for a birth, death, fetal death, marriage or divorce record when sufficient information cannot be provided by the applicant for a normal search.

RULE 19.0 PERSONS REQUIRED TO KEEP RECORDS AND FILE REPORTS

(Reference: Section 9 of Act 1254 of 1995)

Each person in charge of any hospital or funeral home shall, upon request, notify the State or local Registrar of the names of the persons designated to be responsible for preparation and filing of records as required by Act 1254 of 1995. Lists of births and deaths shall be kept by each hospital or funeral home. Said list shall be made available to the State Registrar upon request.

RULE 20.0 MATCHING OF BIRTH AND DEATH CERTIFICATES

(Reference: Section 7 of Act 1254 of 1995)

When carrying out the birth and death matching program, the State Registrar shall establish written guidelines which provide the standards for determining a match does exist. These standards shall

specify the information about the decedent which should be available and which should be compared to the information on the birth certificate before a match can be made. These items include as a minimum; name of decedent; name of father and maiden name of mother; date of birth or age of decedent; State of birth of decedent; marital status of decedent. No match shall be made unless there is documented proof of the fact of death.

The date of death, the State where death occurred, and the death certificate number shall be posted to the birth certificate.

RULE 21.0 PENALTIES

(Reference: Section 4 of Act 1254 of 1995)

(a) The following persons shall be punished by a fine of not more than ten thousand dollars (\$10,000) or by imprisonment for not more than five (5) years, or both:

(1) Any person who willfully and knowingly makes any false statement in a certificate, record or report required to be filed under these Rules, or in an application for an amendment thereof or in an application for a certified copy of a vital record, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any such report, record, or certificate, or amendment thereof; or

(2) Any person who without lawful authority and with the intent to deceive, makes, counterfeits, alters, amends or mutilates any certificate, record or report required to be filed under these Rules or a certified copy of such certificate, record or report; or

(3) Any person who willfully and knowingly obtains, possesses, uses, sells, furnishes, or attempts to obtain, possess, use, sell or furnish to another, for any purpose of deception, any certificate, record, report, or certified copy thereof so made, counterfeited, altered, amended or mutilated; or

(4) Any person who, with the intent to deceive, willfully and knowingly obtains, possesses, uses, sells, furnishes, or attempts to obtain, possess, use, sell or furnish to another any certificate of birth or certified copy of a certificate of birth knowing that such certificate or certified copy was issued upon a certificate which is false in whole or in part or which relates to the birth of another person, whether living or deceased; or

(5) Any person who willfully and knowingly furnishes or processes a certificate of birth or certified copy of a certificate of birth with the knowledge or intention that it be used for the purpose of deception by a person other than the person to whom the certificate of birth relates; or

(6) Any person who without authority possesses any certificate, record or report required by these Rules or a copy or certified copy of such certificate, record or report knowing same to have been stolen or otherwise unlawfully obtained.

(b) The following persons shall be punished by a fine of not more than one thousand dollars (\$1,000) or by imprisonment for not more than one (1) year, or both:

(1) Any person who willfully and knowingly refuses to provide information required by these Rules adopted hereunder; or

(2) Any person who willfully and knowingly transports or accepts for transportation, interment or other disposition, a dead body without an accompanying permit as provided in these Rules; or

(3) Any person who willfully and knowingly neglects or violates any of the provisions of these Rules or refuses to perform any of the duties imposed upon him by these Rules.

RULE 22.0 SEVERABILITY

(Reference: Section 31 of Act 1254 of 1995)

If any provision of these Rules or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of these Rules which can be given effect without the invalid provisions or applications, and to this end the provisions of these Rules are declared to be severable.

REPEAL

All Rules and parts of Rules in conflict herewith are hereby repealed.

CERTIFICATION

This will certify that the foregoing Rules Pertaining for the registration of Vital Records were amended and adopted by the State Board of Health of Arkansas at a regular executive session of said Board held in Little Rock, Arkansas, on the 1st day of ~~August~~ 2019.

~~Nathaniel Smith, MD, MPH~~ Jose R. Romero, MD

~~Director~~ Secretary, Arkansas Department of

Health

**NOTE: STRIKE OUT CHANGES
ONLY**

Appendix A
ARKANSAS DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

REPORT OF INDUCED TERMINATION OF PREGNANCY

(For Statistical Use Only)

File Date _____
(State Use Only)

| | | | | | |
|--|--|---|---|---|---|
| 1. FACILITY NAME (If not clinic or hospital, give address) | | 2. CITY, TOWN OR LOCATION OF PREGNANCY TERMINATION | | 3. COUNTY OF PREGNANCY TERMINATION | |
| 4. AGE LAST BIRTHDAY | | 5. MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 6. DATE OF PREGNANCY TERMINATION (Month, Day, Year) | |
| 7a. RESIDENCE-STATE | 7b. COUNTY | 7c. CITY, TOWN, OR LOCATION | | 7d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO | 7e. ZIP CODE |
| 8. OF HISPANIC ORIGIN? (Specify No or Yes—If Yes, specify Cuba, Mexican, Puerto Rican, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES Specify | | 9. RACE <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (Specify) | | 10. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) | |
| 11. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year) | | | 12. PREVIOUS PREGNANCIES (Complete each section) | | |
| 13. CONSENT (Answer each section) | | | 14. PROBABLE POST-FERTILIZATION AGE (PPF) | | |
| LIVE BIRTHS | | OTHER TERMINATIONS | | 13a. Was Parental Consent Required? | 13b. Was Parental Consent Obtained? |
| 12a. Now Living Number _____ <input type="checkbox"/> None | 12b. Now Dead Number _____ <input type="checkbox"/> None | 12c. Spontaneous Number _____ <input type="checkbox"/> None | 12d. Induced (Do not include this termination) Number _____ <input type="checkbox"/> None | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13c. Was Judicial Waiver Obtained? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | 14a. PPF AGE (WEEKS): <input type="checkbox"/> UNDETERMINED (Complete 14c) | | |
| 14b. METHOD OF DETERMINING PPF <input type="checkbox"/> ULTRASOUND <input type="checkbox"/> PHYSICAL EXAMINATION <input type="checkbox"/> LMP <input type="checkbox"/> OTHER (Specify) | | 14c. IF PPF AGE WAS UNDETERMINED, BASIS A MEDICAL EMERGENCY EXISTED | | 14d. IF PPF AGE IS 20 WEEKS OR MORE BASIS FOR IMMEDIATE ABORTION OF PREGNANCY | |
| 15. TYPE OF TERMINATION PROCEDURE (Check only one) <input type="checkbox"/> Suction Curettage <input type="checkbox"/> Medical (Nonsurgical), Specify Medication(s) <input type="checkbox"/> Dilation and Evacuation (D&E) <input type="checkbox"/> Intra-Uterine Instillation (Saline or Prostaglandin) <input type="checkbox"/> Sharp Curettage (D&C) <input type="checkbox"/> Hysterotomy/Hysterectomy <input type="checkbox"/> Other (Specify) | | | | | |
| 16. IF PPF AGE IS 20 WEEKS OR MORE, DID METHOD USED PROVIDE THE BEST OPPORTUNITY FOR THE UNBORN CHILD TO SURVIVE? <input type="checkbox"/> YES <input type="checkbox"/> IF NO, SPECIFY: | | | | | |
| 17. DID THE ABORTION RESULT IN A LIVE BIRTH? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | | | |
| 18. NAME OF ATTENDING PHYSICIAN (Type/Print) | | | 19. NAME OF STAFF PERSON COMPLETING REPORT (Type/Print) | | |

**INSTRUCTIONS FOR COMPLETING
THE INDUCED TERMINATION OF PREGNANCY REPORT: VR-29**

| ITEM | INSTRUCTION |
|---|--|
| Facility Name | Enter name of facility or give address if not a clinical or hospital. |
| 2. City, Town, or Location | Enter name of city, town, or location of pregnancy termination. |
| 3. County | Enter name of county where pregnancy termination occurred. |
| 4. Age | Enter age in years of patient at her last birthday. |
| Married | Check "Yes" if the patient was legally married at any time between conception and termination. Otherwise check "No." |
| 6. Date | Enter Month-Day-Year of pregnancy termination (e.g. 10-23-2001). |
| 7. Residence | |
| a. State | Enter name of state in which patient lives. |
| b. County | Enter name of county in which patient lives. |
| c. City | Enter name of city in which patient lives. |
| d. Inside City | Enter Yes, No, or Unknown. |
| e. ZIP Code | Enter ZIP code of patient's residence. |
| 8. Hispanic Origin | Check No or Yes; if Yes SPECIFY Mexican, Cuban, Puerto Rican, etc. |
| 9. Race | Check White, Black, American Indian, or Other. If Other, specify. |
| 10. Education | Fill in number for highest grade of school completed. If more than 5 years of college, enter 5+. |
| 11. Date of Last Menses | Enter date that last menses began (e.g. 5-14-2001). |
| 12. Previous Pregnancies | |
| a. Now Living | Enter the number of live births that are still living. |
| b. Now Dead | Enter the number of live births that have died. |
| c. Spontaneous | Enter the number of spontaneous abortions (miscarriages) that have occurred. |
| d. Induced | Enter the number of PREVIOUS induced abortions that have occurred. |
| No. 13 Reference(s): Act 934 of 2015 (§20-16-1406) | |
| 13. Parental Consent | Check Yes or No on each item |
| a. Consent Required | |
| b. Consent Obtained | |
| c. Judicial Waiver Obtained | |
| No. 14 Reference(s): Act 171 of 2013 (§20-16-814) | |
| 14. Probable Post-Fertilization (PPF) | |
| a. PPF age | Enter estimate of probable post-fertilization age. DO NOT USE RANGES. |
| b. Method | Check method for determining PPF age |
| c. PPF Age Undetermined | List the basis of the determination that a medical emergency existed. |
| d. PPF 20 weeks or more | List the basis of the determination that the pregnant woman had a condition which so complicated her medical condition as to necessitate the immediate abortion of her pregnancy to avert her death or to avert serious risk of substantial and irreversible physical impairment of major bodily function of the pregnant women, not including psychological or emotional condition. |
| 15. Procedure | Check ONLY ONE type of procedure that terminated this pregnancy. |
| 16. Best Opportunity for Survival | Check Yes or No. If No, specify reason for choice of method. |
| No. 17 References(s): Act 801 of 2019 (§20-16-604) | |
| 17. Did Abortion Result in Live Birth | Check Yes or No |
| 18. Name of Physician | Enter name of attending physician |
| 19. Staff Person Name | Enter name and telephone number of staff person completing this report. |

Filing Instructions: The report must be filed monthly. Mail or fax to:

Arkansas Department of Health
Health Statistics Branch
4815 West Markham Street, Slot #19
Little Rock, AR 72205
Fax: (501) 661-2544

NOTE: ADDITIONAL LANGUAGE UNDERLINED

Appendix A

ARKANSAS DEPARTMENT OF HEALTH

VITAL RECORDS BRANCH

NON-CHEMICAL INDUCED TERMINATION OF PREGNANCY REPORT
(REPORT CHEMICAL INDUCED TERMINATION OF PREGNANCY ON

VR-29b)

IN PERMANENT INK

File Date _____
 (State Use Only)

| | | | | | | | |
|---|----------------------|---|--------------|---|--------------|------------------------------|----------------------|
| 1. FACILITY NAME (if not clinic or hospital give address) | | 2. CITY, TOWN OR LOCATION OF PREGNANCY TERMINATION | | 3. COUNTY OF PREGNANCY TERMINATION | | | |
| 4. AGE LAST BIRTHDAY | | 5. MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 6. DATE OF PREGNANCY TERMINATION (Month, Day, Year) | | | |
| 7a. RESIDENCE - STATE | 7b. COUNTY | 7c. CITY, TOWN, OR LOCATION | | 7d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO | 7e. ZIP CODE | | |
| 8. HISPANIC ORIGIN? (Specify No or Yes - if Yes, specify Cuban Mexican, Puerto Rican, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES - Specify: | | 9. RACE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER - SPECIFY: | | 10. EDUCATION (Specify only highest grade completed) <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Elementary/Secondary 0-12</td> <td style="width:50%; border:none;">College 1-4 or 5+</td> </tr> </table> | | Elementary/Secondary 0-12 | College 1-4 or 5+ |
| Elementary/Secondary 0-12 | College 1-4 or 5+ | | | | | | |
| 11. DATE OF LAST NORMAL MENSES BEGAN (Month, Day, Year) | | | | | | | |
| 12. PREVIOUS PREGNANCIES (Complete each section) | | | | | | | |
| LIVE BIRTHS | | | TERMINATIONS | | | | |
| 12a. Now Living Number: <input type="checkbox"/> None | | 12b. Now Dead Number: <input type="checkbox"/> None | | 12c. Spontaneous Number: <input type="checkbox"/> None | | | |
| | | | | 12d. Now Dead Number: <input type="checkbox"/> None | | | |
| 13. CONSENT (Answer each section) | | | | | | | |
| 13a. Was Parental Consent Required? <input type="checkbox"/> NO <input type="checkbox"/> YES | | 13b. Was Parental Consent Obtained? <input type="checkbox"/> NO <input type="checkbox"/> YES | | 13c. Was Judicial Waiver Obtained? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | |
| 14. PROBABLE POST-FERTILIZATION AGE (PPF) | | | | | | | |
| 14a. PPF Age (Weeks) <input type="checkbox"/> Undetermined (Complete 14c) | | 14b. Method of Determining PPF <input type="checkbox"/> Ultrasound <input type="checkbox"/> Physical Examination <input type="checkbox"/> LMP <input type="checkbox"/> Other (Specify): | | 14c. If PPF Age was undetermined, basis a medical emergency existed: | | | |
| | | | | 14d. If PPF Age is 20 weeks or more, basis for immediate abortion of pregnancy: | | | |
| 15. TYPE OF TERMINATION PROCEDURE (Check only one) (Note: Report chemical induced termination on VR-29b.) <input type="checkbox"/> Suction Curettage <input type="checkbox"/> Dilation and Evacuation (D&E) <input type="checkbox"/> Intra-Uterine Instillation (Saline or Prostaglandin) <input type="checkbox"/> Sharp Curettage (D&C) <input type="checkbox"/> Hysterotomy/Hysterectomy <input type="checkbox"/> Other (Specify): | | | | 16. WAS THE REASON FOR THE ABORTION DUE RAPE OR INCEST? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | |
| | | | | 17. WAS THE REASON FOR THE ABORTION TO SAVE THE LIFE OF THE MOTHER? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | |
| 18. IF PPF AGE IS 20 WEEKS OR MORE, DID METHOD USED PROVIDE THE BEST OPPORTUNITY FOR THE UNBORN CHILD TO SURVIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO (SPECIFY): | | | | | | | |
| 19. DID THE ABORTION RESULT IN A LIVE BIRTH? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | | | | | |
| 20. NAME OF ATTENDING PHYSICIAN (Type or Print): | | | | | | | |
| 21. NAME OF STAFF PERSON COMPLETING THE FORM (Type or Print): | | | | | | | |

**INSTRUCTIONS FOR COMPLETING
NON-CHEMICAL INDUCED TERMINATION OF PREGNANCY REPORT: VR-29a**

| ITEM | INSTRUCTION |
|--|--|
| 1. Facility Name | Enter name of facility or give address if not a clinic or hospital. |
| 2. City, Town, or Location | Enter name of city, town, or location of pregnancy termination. |
| 3. County | Enter name of county where pregnancy termination occurred. |
| 4. Age | Enter age in years of patient at her last birthday. |
| 5. Married | Check "Yes" if the patient was legally married at any time between conception and termination. Otherwise check "No." |
| 6. Date | Enter Month-Day-Year of pregnancy termination (e.g., 10-23-2001). |
| 7. Residence | |
| a. State | Enter name of state in which patient lives. |
| b. County | Enter name of county in which patient lives. |
| c. City | Enter name of city in which patient lives. |
| d. Inside City | Enter Yes or No. |
| e. ZIP Code | Enter ZIP code of patient's residence. |
| 8. Hispanic Origin | Check No or Yes; If Yes, specify Mexican, Cuban, Puerto Rican, etc. |
| 9. Race | Check White, Black, American Indian, or Other. If Other, specify. |
| 10. Education | Fill in number for highest grade of school completed. If more than 5 years of college, enter 5+. |
| 11. Date of Last Menses | Enter date that last menses began (e.g., 5-14-2001). |
| 12. Previous Pregnancies | |
| a. Now Living | Enter the number of live births that are still living. |
| b. Now Dead | Enter the number of live births that have died. |
| c. Spontaneous | Enter the number of spontaneous abortions (miscarriages) that have occurred. |
| d. Induced | Enter the number of PREVIOUS induced abortions that have occurred. |
| <u>No. 13 Reference(s): Act 934 of 2015 (§20-16-801)</u> | |
| 13. Parental Consent | Check Yes or No on each item |
| a. Consent Required | |
| b. Consent Obtained | |
| c. Judicial Waiver Obtained | |
| <u>No. 14 Reference(s): Act 171 of 2013 (§20-16-1406)</u> | |
| 14. Probable Post-Fertilization (PPF) | |
| a. PPF age | Enter estimate of probable post-fertilization age. Do not use ranges. |
| b. Method | Check method for determining PPF age |
| c. PPF Age Undetermined | List the basis of the determination that a medical emergency existed. |
| d. PPF 20 weeks or more | List the basis of the determination that the pregnant woman had a condition which so complicated her medical condition as to necessitate the immediate abortion of her pregnancy to avert her death or to avert serious risk of substantial and irreversible physical impairment of major bodily function of the pregnant women, not including psychological or emotional condition. |
| 15. Procedure | Check only one type of procedure that terminated this pregnancy. |
| <u>No. 16 & 17 References(s): Act 787 of 2021 (§20-16-608, §20-16-705(c))</u> | |
| 16. Reason Rape or Incest | Check No or Yes. |
| 17. Reason Save Life of Mother | Check No or Yes. |
| <u>No. 18 Reference(s): Act 171 of 2013 (§20-16-1406)</u> | |
| 18. Best Opportunity for Survival | Check Yes or No. If No, specify reason for choice of method. |
| <u>No. 19 Reference(s): Act 801 of 2019 (§20-16-604)</u> | |
| 19. Did Abortion Result in Live Birth | Check Yes or No |
| 20. Name of Physician | Enter name of attending physician |
| 21. Staff Person Name | Enter name and telephone number of staff person completing this report. |

Filing Instructions: The report must be filed monthly. Mail or fax to:

Arkansas Department of Health
Health Statistics Branch
4815 West Markham Street, Slot #19
Little Rock, AR 72205
Fax: (501) 661-2544

IN PERMANENT INK

ARKANSAS DEPARTMENT OF HEALTH

VITAL RECORDS BRANCH

CHEMICAL INDUCED TERMINATION OF PREGNANCY REPORT

(COMPLETE ON EACH CHEMICAL INDUCED TERMINATION)

File Date _____
(State Use Only)

| | | | | | |
|---|---|--|--|---|--------------|
| 1. FACILITY NAME (if not clinic or hospital give address) | | 2. CITY, TOWN OR LOCATION OF PREGNANCY TERMINATION | | 3. COUNTY OF PREGNANCY TERMINATION | |
| 4. DATE OF PREGNANCY TERMINATION (Month, Day, Year) | | 5. MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 6. AGE LAST BIRTHDAY | |
| 7a. RESIDENCE - STATE | 7b. COUNTY | 7c. CITY, TOWN, OR LOCATION | 7d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 7e. ZIP CODE |
| 8. HISPANIC ORIGIN? (Specify No or Yes - if Yes, specify Cuban Mexican, Puerto Rican, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES - Specify: | | 9. RACE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER - SPECIFY: | | 10. EDUCATION (Specify only highest grade completed) Elementary/Secondary College 0-12 1-4 or 5+ | |
| 12. PREVIOUS PREGNANCIES (Complete each section) | | | | 13. RECEIVED VERBAL OR WRITTEN COUNSELING RELATED TO POTENTIAL RISKS OR COMPLICATIONS AND ALTERNATIVES TO CHEMICAL ABORTION <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| LIVE BIRTHS | | TERMINATIONS | | | |
| 12a. Now Living Number: <input type="checkbox"/> None | 12b. Now Dead Number: <input type="checkbox"/> None | 12c. Spontaneous Number: <input type="checkbox"/> None | 12d. Now Dead Number: <input type="checkbox"/> None | | |
| 14. CONSENT (Answer each section) | | | 15. PAYMENT TYPE | | |
| 14a. Was Parental Consent Required? <input type="checkbox"/> NO <input type="checkbox"/> YES | 14b. Was Parental Consent Obtained? <input type="checkbox"/> NO <input type="checkbox"/> YES | 14c. Was Judicial Waiver Obtained? <input type="checkbox"/> NO <input type="checkbox"/> YES | <input type="checkbox"/> Private Health Coverage <input type="checkbox"/> Public Assistance Health Coverage <input type="checkbox"/> Self-Pay <input type="checkbox"/> Other (Specify): | | |
| 16. PROBABLE POST-FERTILIZATION GESTATIONAL AGE (PPF) | | | | 17. SPECIFIC CHEMICAL REGIME USED | |
| 16a. PPF Age (Weeks) <input type="checkbox"/> Undetermined (Complete 17c.) | 16b. Method of Determining PPF <input type="checkbox"/> Ultrasound <input type="checkbox"/> Physical Examination <input type="checkbox"/> LMP <input type="checkbox"/> Other (Specify): | 16c. If PPF Age was undetermined, basis a medical emergency existed: | 16d. If PPF Ages is 20 weeks or more, basis for immediate abortion of pregnancy: | <input type="checkbox"/> Mifepristone <input type="checkbox"/> Misoprostol <input type="checkbox"/> Metotrexate <input type="checkbox"/> Other (Specify): | |
| 18. SPECIFIC REASON FOR THE ABORTION | | | | | |
| <input type="checkbox"/> Rape or Incest | | <input type="checkbox"/> Mental health is endangered (Specify): | | | |
| <input type="checkbox"/> Economic Reasons | | <input type="checkbox"/> Impairment of major bodily function (Specify): | | | |
| <input type="checkbox"/> Does not want pregnancy at this time | | <input type="checkbox"/> Genetic anomaly (Specify): | | | |
| <input type="checkbox"/> Save the life of the mother | | <input type="checkbox"/> Other reason (Specify): | | | |
| <input type="checkbox"/> Physical health is endangered (Specify): | | <input type="checkbox"/> Refused to answer | | | |
| 19. IF PPF AGE IS 20 WEEKS OR MORE, DID THE METHOD USED PROVIDE THE BEST OPPORTUNITY FOR THE UNBORN CHILD TO SURVIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO (SPECIFY): | | | | 20. DID THE ABORTION RESULT IN A LIVE BIRTH? <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| 21. ANY COMPLICATIONS FROM THE CHEMICAL ABORTION? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY): | | | | | |
| 22. NAME OF STAFF PERSON COMPLETING REPORT (TYPE OR PRINT): | | | | | |
| 23. NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT): | | | | | |
| 24. SIGNATURE OF ATTENDING PHYSICIAN: | | | | | |

OFFICIAL DOCUMENT

THIS REPORT MAYBE DISCLOSED UPON A COURT ORDER

**INSTRUCTIONS FOR COMPLETING
CHEMICAL INDUCED TERMINATION OF PREGNANCY REPORT**

A report must be completed on each chemical induced termination of pregnancy performed. This report is considered an official document and maybe released upon a court order.

| ITEM | INSTRUCTION |
|--|--|
| 1. Facility Name | Enter name of facility or give address if not a clinic or hospital. |
| 2. City, Town, or Location | Enter name of city, town, or location of pregnancy termination. |
| 3. County | Enter name of county where pregnancy termination occurred. |
| 4. Date | Enter Month-Day-Year of pregnancy termination (e.g., 10-23-2001). |
| 5. Married | Check "Yes" if the patient was legally married at any time between conception and termination. Otherwise check "No." |
| 6. Age | Enter age in years of patient at her last birthday. |
| 7. Residence | |
| a. State | Enter name of state in which patient lives. |
| b. County | Enter name of county in which patient lives. |
| c. City | Enter name of city in which patient lives. |
| d. Inside City | Enter Yes or No |
| e. ZIP Code | Enter ZIP code of patient's residence. |
| 8. Hispanic Origin | Check No or Yes; if Yes Specify Mexican, Cuban, Puerto Rican, etc. |
| 9. Race | Check White, Black, American Indian, or Other. If Other, specify. |
| 10. Education | Fill in number for highest grade of school completed. If more than 5 years of college, enter 5+. |
| 11. Date of Last Menses | Enter date that last menses began (e.g., 5-14-2001). |
| 12. Previous Pregnancies | |
| a. Now Living | Enter the number of live births that are still living. |
| b. Now Dead | Enter the number of live births that have died. |
| c. Spontaneous | Enter the number of spontaneous abortions (miscarriages) that have occurred. |
| d. Induced | Enter the number of Previous induced abortions that have occurred. |
| No. 13 Reference(s): Act 560 of 2021 (§20-16-2404) | |
| 13. Received Counseling | Check Yes or No, if received written or verbal counseling related to potential risks or complications and alternatives to chemical abortions. |
| No. 14 Reference(s): Act 934 of 2015 (§20-16-801) | |
| 14. Parental Consent | Check Yes or No on each item |
| a. Consent Required | |
| b. Consent Obtained | |
| c. Judicial Waiver Obtained | |
| No. 15 Reference(s): Act 560 of 2021 (§20-16-2404) | |
| 15. Payment Type | Check payment type. If other, specify. |
| No. 16 Reference(s): Act 171 of 2013 (§20-16-1406) | |
| 16. Probable Post-Fertilization (PPF) | |
| a. PPF age | Enter estimate of probable post-fertilization age. Do not do ranges. |
| b. Method | Check method for determining PPF age |
| c. PPF Age Undetermined | List the basis of the determination that a medical emergency existed. |
| d. PPF 20 weeks or more | List the basis of the determination that the pregnant woman had a condition which so complicated her medical condition as to necessitate the immediate abortion of her pregnancy to avert her death or to avert serious risk of substantial and irreversible physical impairment of major bodily function of the pregnant women, not including psychological or emotional condition. |
| No. 17 & 18 Reference(s): Act 560 of 2021 (§20-16-2404) & Act 787 of 2021 (§20-16-608, §20-16-705(c)) | |
| 17. <u>Specific Regimen</u> | <u>Check the chemical regimen used to terminate this pregnancy. If other, specify.</u> |
| 18. <u>Specific Reason</u> | <u>Check the reason for the abortion. Specify if required.</u> |
| No. 19 Reference(s): Act 171 of 2013 (§20-16-1406) | |
| 19. Best Opportunity for Survival | Check Yes or No. If No, specify reason for choice of method. |
| No. 20 Reference(s): Act 801 of 2019 (§20-16-604) | |
| 20. Did Abortion Result In a Live Birth | Check Yes or No |
| No. 21 Reference(s): Act 560 of 2021 (§20-16-2404) | |
| 21. <u>Complications</u> | <u>Check no or yes if there were complications from the chemical abortion. If yes, specify.</u> |
| 22. Staff Person Name | Enter name of staff person completing this report. |
| 23. Name of Physician | Enter name of attending physician |
| No. 24 Reference(s): Act 560 of 2021 (§20-16-2404) | |
| 24. <u>Signature</u> | <u>Attending physician signature.</u> |

This report must be submitted 15 days after each month end. Mail to the Arkansas Department of Health, Health Statistics Branch, 4815 West Markham Street, Slot #19, Little Rock, AR 72205 or Fax: (501) 661-2544.

IN PERMANENT INK

File Date _____

(State Use Only)

ARKANSAS DEPARTMENT OF HEALTH
VITAL RECORDS BRANCH
CHEMICAL INDUCED TERMINATION OF PREGNANCY QUARTERLY REPORT

Instructions: Report the total number of chemical abortions performed in each trimester of pregnancy during the quarter. Type or print in ink required information. The report must be filed 15 days after the end of each quarter. Mail to the Arkansas Department of Health, Health Statistics Branch, 4815 West Markham Street, Slot #19, Little Rock, AR 72205 or Fax to (501) 661-2544.

Date Report Completed: _____

Facility Name: _____

Reporting Year: _____

Reporting Quarter (Check one):

First Quarter (1/1 – 3/31)

Second Quarter (4/1 – 6/30)

Third Quarter (7/1 – 9/30)

Fourth Quarter (10/1 - 12/31)

Chemical Abortions Performed During Each Trimester

First Trimester (1-12 weeks): _____

Second Trimester (13-16 weeks): _____

Third Trimester (27 weeks through end of pregnancy): _____

Name Staff Person Completing the Report: _____

QUESTIONNAIRE
FOR FILING PROPOSED RULES WITH THE
ARKANSAS LEGISLATIVE COUNCIL

DEPARTMENT/AGENCY _____
DIVISION _____
DIVISION DIRECTOR _____
CONTACT PERSON _____
ADDRESS _____
PHONE NO. _____ FAX NO. _____ E-MAIL _____
NAME OF PRESENTER AT COMMITTEE MEETING _____
PRESENTER E-MAIL _____

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Rule" below.
- E. Submit two (2) copies of the Questionnaire and Financial Impact Statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Jessica C. Sutton
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

- 1. What is the short title of this rule?

- 2. What is the subject of the proposed rule?

- 3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No
If yes, please provide the federal rule, regulation, and/or statute citation.

- 4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
Yes No
If yes, what is the effective date of the emergency rule? _____

When does the emergency rule expire? _____

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes No

5. Is this a new rule? Yes No If yes, please provide a brief summary explaining the rule.

Does this repeal an existing rule? Yes No If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes No If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled “mark-up.”

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation.

7. What is the purpose of this proposed rule? Why is it necessary?

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

9. Will a public hearing be held on this proposed rule? Yes No If yes, please complete the following:

Date: _____

Time: _____

Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice. _____

13. Please provide proof of filing the rule with the Secretary of State as required pursuant to Ark. Code Ann. § 25-15-204(e). _____

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT _____
DIVISION _____
PERSON COMPLETING THIS STATEMENT _____
TELEPHONE NO. _____ FAX NO. _____ EMAIL: _____

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two (2) copies with the Questionnaire and proposed rules.

SHORT TITLE OF THIS RULE

1. Does this proposed, amended, or repealed rule have a financial impact? Yes No

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
Yes No

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If an agency is proposing a more costly rule, please state the following:

- a) How the additional benefits of the more costly rule justify its additional cost;

- b) The reason for adoption of the more costly rule;

- c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and

- d) Whether the reason is within the scope of the agency's statutory authority, and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

Total _____

b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

Total _____

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

\$ _____

\$ _____

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

Next Fiscal Year

\$ _____

\$ _____

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?
Yes No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.