



## North Carolina Department of Health and Human Services

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

May 21, 2013

Fred Upton  
Chairman  
Committee on Energy and Commerce  
Congress of the United States  
House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515-6115

RE: Response to Committee Document Requests

Dear Mr. Chairman:

Please find enclosed the North Carolina Department of Health and Human Services response to your inquiry dated May 8, 2013 regarding abortion clinics in North Carolina. Feel free to contact Jason Simmons at 919-855-4949 should you have any further questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Wos", written over a horizontal line.

Aldona Wos, M.D.  
Secretary

North Carolina Department of Health and Human Services responses to United States House of Representatives, the Committee on Energy and Commerce.

1. Does your state license abortions clinic or those facilities and providers who perform abortions? If so, please identify what information must be provided or requirements must be met for a facility or provider to be licensed. In addition, please identify the number of abortions clinics licensed in your state for each year from 2008-2013

**Response:** North Carolina licenses all abortion clinics. The Division of Health Service Regulations of the North Carolina Department of Health and Human Services is responsible for licensures. During 2008-2009 there were fourteen clinics issued licenses and sixteen total clinics during 2010-2013. Additionally, one ambulatory surgery facility reported that abortion procedures were performed during the 2008-2013 timeframe. Please refer to Attachment #1 (Letter and Application) for information pertaining to facility licensures.

2. For the years 2008-2013, please identify each abortion clinic for which your state has suspended or revoked its license and the reason for this action.

**Response:** During the 2008-2013 timeframe one clinic had a suspension of its license. The reason stated for the summary suspension was that the facility presented an imminent danger to health, safety and welfare of the clients. Please refer to Attachment #2 (Notice of Administrative Action and Correspondence) for further details.

3. Does your state conduct inspections for abortion clinics or facilities that perform abortions? If so, please identify the number of clinics that your state has inspected for each year from 2008-2013. In addition, please identify how an inspection is conducted and what information is examined in the course of an inspection.

**Response:** Yes, Division of Health Service Regulations of the North Carolina Department of Health and Human Services is responsible for conducting inspections of abortion clinics. An onsite survey is conducted an average of every two years by Sections staff, which includes the CLIA surveys. Please see

Attachments #3 (CLIA CFR 42 and Abortion Clinic Survey Process Guidelines) for details on how an inspection is conducted and what information is examined during the course of an inspection. The following table indicates the number inspections conducted during 2008-2013.

**TABLE 1: North Carolina Abortion Clinic Inspections**

Calendar Year	Number of Complaints at Abortion Clinics	Number of Investigations Resulting From Complaints at Abortion Clinics	Surveys	CLIA
2008	3	2	2	6
2009	7	6	1	6
2010	0	0	3	5
2011	3	3	3	5
2012	8	8	4	7
2013	2	2	3	3
<b>TOTALS</b>	<b>23</b>	<b>21</b>	<b>16</b>	<b>32</b>

4. Does your state monitor complaints or adverse health events relating to abortions? If so, how are these complaints filed or processed? How many complaints relating to abortions or abortion clinics have been filed for each year from 2008-2013?

**Response:** Yes, there is a process for complaints to be received and monitored. Complaints can be called in via a toll free telephone number to the Complaint In-Take Unit. Complaints can be called in by the patient or family members. Furthermore, abortion clinics can call in to self-report a sentinel event. The Complaint In-Take Unit will process and assign the complaint for review. See Attachment #4, (Complaint Reporting Process) for further details.

- a. Please explain how your state investigates the complaints it receives relating to abortions. In addition, please explain how many investigations, including those that include inspections of abortion clinics, have resulted from complaints filed for each year from 2008-2013.

**Response:** When a complaint investigation is initiated the process is detailed in Attachment #3 (Abortion Clinic Survey Process) and Attachment #4a (Explanation of Investigation Survey Process). The

following table indicates how many inspections of abortion clinics resulted from complaints.

**Table 2: North Carolina Abortion Clinic Complaints and Investigations**

Calendar Year	Number of Complaints at Abortion Clinics	Number of Investigations Resulting From Complaints at Abortions Clinics
2008	3	2
2009	7	6
2010	0	0
2011	3	3
2012	8	8
2013	2	2
<b>TOTALS</b>	<b>23</b>	<b>21</b>

5. Please explain whether your state, including state professional licensure boards, has initiated any disciplinary actions against facilities or health care providers relating to abortions? Please identify the number of disciplinary actions taken in each year from 2008-2013 and the underlying violation or reason for the action.

**Response:** During the timeframe 2008-2013 there has been one disciplinary action taken which resulted in the abortion clinic being temporarily suspended. The reason stated for the suspension was that the facility presented an imminent danger to health, safety and welfare of the clients. Please refer to Attachment #2 (Notice of Administrative Action and Correspondence) for further details.

6. Please provide copies of the rules and regulations that govern facilities and licensed health care providers in your state that perform abortions, including the rules and regulations that specifically govern how abortions are conducted in your state.

**Response:** Please see Attachment #3 (CLIA CFR 42), and Attachment #6 (NC State Rules the Certification of Clinics for Abortions).

- a. Which of these laws is your agency tasked with enforcing and how do you enforce them?

Response: Please see Attachment #3 (CLIA CFR 42), and Attachments #6a (Enforcement Procedures).

7. On April 19, 2005, the Assistant Secretary for Children and Families issued a Program Instruction to state agency administrating the Child Abuse Prevention and Treatment Act (CAPTA) program. The instruction requires state to have procedures for responding to reports of medical neglect (including the withholding of medically indicated treatment from disable infants with life-threatening conditions), and applies those protections equally to born-alive infants.

- a. What actions has your state taken since 2005 to ensure that, at every licensed health care facility that provides abortions, there is a designated individual to report suspected medical neglect (including withholding of medically indicated treatment from disable infants with life-threatening conditions) of born-alive infants to the state child protective services agency? Has the state received any such notifications and what were the outcomes?

**Response:** Since 2005, there have been no amendments to the NC regulations to require health care facilities that perform abortions to have a designated individual to report suspected medical neglect. The Division of Health Service Regulations of the North Carolina Department of Health and Human Services is not aware of any notifications from licensed entities.

- b. Does your state child protective services agency annually contact each health care facility to obtain purpose of coordination, consultation, and notification pursuant to 45 C.F.R. §1340.15? Does this contact include health care facilities that provide abortions? Please provide a list of all such designations.

**Response:** See Attachment #7 (NC DSS Child Welfare Section).

While North Carolina's practice of implementing the provisions of 45 C.F.R. §1340.15 at the county level has been approved in the State's CAPTA plan (most recently, in 2012) and takes advantage of relationships at the local level, it does not allow for optimal statewide tracking.

North Carolina's automated information system does capture reports of maltreatment made by medical providers, but does not further delineate those providers who are abortion services and those who provide overall medical services. For State Fiscal Year 2011-12, a total of 133,418 reports were assessed with 14,353 of those originating from medical providers.

The North Carolina Department of Health and Human Services, Division of Social Services (NCDSS) is the state's IV-E | IV-B agency, and as such, holds responsibilities related to the enactment of CAPTA. North Carolina is a County Administered system for the delivery of Child Welfare Services, including the receipt of and response to allegations of child maltreatment, including medical neglect of born-alive infants. In accordance with the 2012 CAPTA plan, NCDSS provides statewide coordination of the training of child abuse reporting laws, policies and procedures.

Evaluating reports of suspected medical neglect of disabled infants with life-threatening conditions, also known as "Baby Doe cases", requires special procedures by county Departments of Social Services (hereafter, DSS). County DSS respond to reports of medical neglect of such infants, including failure to provide necessary medical care. The responsibility to report situations of possible medical neglect is clearly communicated to hospital staff, and that procedures for rapid response to such reports are in place and regularly updated. The county DSS provide updates and reports to NCDHHS.

Each county director of social services must, at a minimum:

1. Contact each hospital or health care facility located in the county that provides treatment services to infants to:
  - a. Provide the hospital or health care facility with information about the mandatory reporting law that applies to all persons
  - b. Provide the hospital or health care facility with procedures for making a report of suspected or known medical neglect to the local county DSS including the name and telephone number of contact persons for receiving reports during and after working hours
  - c. Obtain the name and telephone number of the person in the hospital or health care facility who will act as liaison with the local county DSS
2. Maintain a current list of hospital and health care facility liaison persons and update the information at least annually.