INFORMED CONSENT FOR STERILIZATION PROCEDURES

Please be advised that our members must be appropriately and adequately informed about human reproductive sterilization procedures. Informed consent must be obtained prior to performing a procedure that renders a person incapable of producing children. Sterilization performed because pregnancy would be life threatening to the mother is included in this requirement. When sterilization is the unavoidable secondary result of a medical procedure and the procedure is not being done in order to achieve that secondary result, the procedure is not included in this policy.

Required Member Information
The member requesting to be sterilized must be provided with the appropriate booklet on sterilization published by the Department of Health Care Services (DHCS) BEFORE THE CONSENT IS OBTAINED. These are the only information booklets approved by DHCS for distribution to individuals who are considering sterilization:

- “Understanding Sterilization for a Woman”/“Entendiendo La Esterilizacion Para La Mujer”
- “Understanding Vasectomy”/“Entendiendo La Vasectomia”

Conditions for Sterilization
Sterilization may be performed only under the following conditions:

- The member is at least 21 years old at the time the consent is obtained.
- The member is not mentally incompetent or institutionalized, as defined by Title 22
- The member is able to understand the content and nature of the informed consent process.
- The member has voluntarily given informed consent in accordance with all of the prescribed requirements.
- At least thirty (30) days, but not more than one hundred eighty (180) days, have passed between the date of written informed consent and the date of the sterilization.

Conditions When Informed Consent May Not Be Obtained
Informed consent may not be obtained while the member to be sterilized is:

- In labor or within twenty four (24) hours postpartum or post-abortion.
- Seeking to obtain or obtaining an abortion.
- Under the influence of alcohol or other substances that affect the member’s state of awareness.

What You Can Do
The following must be met for compliance with the informed consent process:

- The informed consent process may be conducted either by Provider/Practitioner or appropriate designee.
- Suitable arrangements must be made to ensure that the information specified above is effectively communicated to any individual who is deaf, blind, or people with disabilities.
- An interpreter must be provided if the member to be sterilized does not understand the language used on the consent form or the language used by the person obtaining the consent.
- The member to be sterilized must be permitted to have a witness present of that member’s choice when consent is obtained.

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• The sterilization procedure must be requested without fraud, duress, or undue influence.

**The PM 330 must be fully and correctly completed, signed and dated by:**
• The member to be sterilized.
• The interpreter, if utilized in the consent process.
• The person who obtained the consent.
• The Provider/Practitioner performing the sterilization procedure.

All of the following must be provided verbally to the member who is seeking sterilization:
• Advice that the member is free to withhold or withdraw consent to the procedure at any time
• A full description of available alternative methods of family planning and birth control.
• Advice that the sterilization procedure is considered irreversible.
• A thorough explanation of the specific sterilization procedure to be performed.
• A full description of discomforts and risks that may accompany or follow the procedure, including explanation of the type and possible side effects of any anesthetic to be used.
• A full description of the benefits or advantages that may be expected from sterilization.
• Approximate length of hospital stay and approximate length of time for recovery.
• Financial cost to the member. Information that the procedure is established or new.
• Advice that sterilization will not be performed for at least thirty (30) days, except in the case of emergency abdominal surgery or premature birth (when specific criteria are met).
• The name of the Provider/Practitioner performing the procedure.

**Medical Record Documentation**
There must be documentation in the progress notes of the member’s medical record that a discussion regarding sterilization has taken place, including the answers given to specific questions or concerns expressed by the member. It will be documented that the booklet and copy of the consent form were given to the member. The original signed consent form must be filed in the member’s medical record. A copy of the signed consent form must be given to the member and a copy is placed in the member's hospital medical record at the facility where the procedure is performed.

If the procedure is a hysterectomy, a copy of the informed consent form for hysterectomy should be placed in the member's medical record. This form is supplied by the facility performing the procedure.

**Exceptions to Time Limitations**
Sterilization may be performed at the time of emergency abdominal surgery or premature delivery if the following requirements are met:
• A minimum of seventy two (72) hours have passed after written consent to be sterilized, and
• A written informed consent for sterilization was given at least thirty (30) days before the member originally intended to be sterilized, or
• A written informed consent was given at least thirty (30) days before the expected date of delivery

**Special Considerations, Hysterectomy**
A hysterectomy will not be performed solely for the purpose of rendering an individual permanently sterile. If a hysterectomy is performed, a hysterectomy consent form must be completed in addition to other required forms.

**Noncompliance**
The Quality Improvement Department monitors compliance for the consent process of human reproductive sterilization. Identified deficiencies will be remedied through a course of corrective action(s) as determined appropriate by the Quality Improvement Committee with following reviews conducted to assess improvement. The DHCS also performs audits for compliance with Title 22. Both MHC and DHCS are required to report non-complaint Providers/Practitioners to the Medical Board of California.

**Questions**
Please refer to your Provider Manual for additional information. If you have additional questions regarding this regulatory requirement, please contact your Provider Services representative.

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