Adult Sterilization and Special Consent Standards

Definitions: Human Reproductive Sterilization (elective sterilizations) is defined as “Any medical treatment, procedure, or operation for the purpose of rendering an individual permanently incapable of reproducing.” This definition does not include procedures where sterilization is the unavoidable secondary result of another medically necessary procedure not intended to render the patient sterile.

Purpose: To assure that sterilization services for Medi-Cal members comply with state and federal regulations.* These requirements include: a minimum age, informed consent process, and a waiting period before services are rendered. Consent must be voluntary and individuals must not be coerced to employ or not employ any particular method of sterilization.

Procedure:
1. For elective sterilization the PCP will determine that the member is:
   • 21 years of age or older at the time the informed consent is obtained.
   • Mentally competent to give written consent.
   • Able to understand the content and nature of the informed consent process.
   • Not currently institutionalized.
   • Voluntarily giving informed consent.
2. The informed consent process shall be conducted by a physician, mid-level practitioner (NP/PA), or RN designee.
3. Before obtaining the consent the patient will be given a copy of the sterilization booklet published by the state Department of Health Services and a copy of the appropriate sterilization consent form.
4. Sterilization may be performed at the time of emergency abdominal surgery or premature delivery if,
   a. The patient consented to sterilization at least 30 days prior to the intended date of sterilization or expected date of delivery and,
   b. At least 72 hours have passed between the time that written informed consent was given and the time of emergency surgery or premature delivery.
5. All of the following will be orally explained to the patient to be sterilized:
   • Advice that the patient is free to withhold or withdraw consent at any time before the sterilization without affecting the right to future care or treatment, and without the loss or withdrawal of any federally funded program benefits to which the patient is otherwise entitled.
   • A full explanation of the procedure, approximate length of hospital stay and length of recovery time.
   • A full description of the discomforts and risks that may accompany or follow the procedure, including an explanation of the type and possible defects of any anesthetic to be used.
• A full description of the benefits or advantages that may be expected as a result of the sterilization.

• A full description of available alternative methods of family planning and birth control.

• Advice that the procedure is considered to be irreversible.

• Time limit requirements of the consent. Advice that the procedure will not be performed for at least thirty (30) days.

• The name of the physician performing the procedure. (If another physician is substituted the patient will be notified of the reason for change and the substitute physician’s name prior to receiving preanesthetic medication.)

6. Appropriate arrangements must be made to ensure that the required information is effectively communicated to any patient who is blind, deaf, or otherwise handicapped.

7. Appropriate arrangements must be made for an interpreter if the language used on the consent form or during the oral explanation cannot be understood by the patient.

8. The patient is to be given the opportunity to ask any questions about any of the information given during the informed consent process.

9. The physician will use the State of California Health and Welfare consent form (PM330) and ensure the form is properly completed and signed.

10. Provide the member with a copy of the signed consent form.

11. The physician will document the informed consent process in the medical record and include the signed consent form in the medical record.

12. A copy of the PM330 must be attached to the claim in order to process the claim.


***SAMPLE***