



Prizing Liberty and Maintaining Rights Since 1935

Mark Bowden
Executive Director
Board of Medicine
400 SW Eighth St., Ste. C
Des Moines, Iowa 50309

August 20, 2013

Re: Comments on ARC 0891C (Amendment to Chapter 13.10: Standards of Practice—Physicians who prescribe or administer abortion-inducing drugs)

Dear Members of the Board:

These comments in regard to ARC 0891C are submitted on behalf of the ACLU of Iowa, which is comprised of thousands of Iowans who are committed to the protection of civil liberties and fundamental rights.

For the following reasons, the proposed rule should be withdrawn or substantially modified so as to protect the continued access to safe and legal medical abortion for rural Iowa women through telemedicine technology.

The rule is an unreasonable health regulation, which has the legally impermissible purpose and effect of imposing an undue burden on women's right to obtain an abortion. Because this proposed restriction on abortion access for Iowa women—in particular those living in rural Iowa—is both substantial and medically unnecessary, it is subject to potential legal attack on state and federal constitutional grounds as a matter of due process and equal protection.

According to the Physicians' Desk Reference, the rate of reported adverse events for mifepristone is approximately 0.28 percent, which is much lower than many commonly prescribed medicines (e.g., Clarinex, prescribed for allergies, has a complication rate exceeding 10 percent; Celebrex, prescribed for arthritis, has a complication rate exceeding 8.8 percent; the commonly prescribed antibiotic Cipro has a complication rate exceeding 2.5 percent, and Ritalin, prescribed to treat attention disorders, has a complication rate exceeding 3.1 percent).

Independent medical research conducted by Ibis Reproductive Health in 2011 found that women who obtained a medical abortion through telemedicine in Iowa were just as likely

to have a successful abortion as women who had an in-person visit with a doctor, and complications were no more likely than for women who saw a doctor in person.

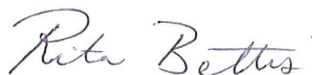
The Guttmacher Institute found that in 2008, 91 percent of Iowa counties had no abortion provider; 51 percent of Iowa women lived in those counties. In Iowa, telemedicine allows health care providers to reduce disparities in access to healthcare between rural and urban women. According to a study conducted by Ibis Reproductive Health published in the American Journal of Public Health in 2012, after Planned Parenthood began offering medical abortion with mifepristone and misoprostol in rural Iowa, the total number of abortions in the state did not increase; the number of abortions decreased. Moreover, women were more likely to have their abortion earlier in their pregnancies.

Rather than safeguard patient safety, the proposed rule will jeopardize women's health by limiting access of women in Iowa, particularly in rural areas, to safe abortion care without medical justification. In some cases, women may be unable to obtain abortions altogether because of the loss of abortion services. For other women, the additional travel required to have their in-person visit will increase their costs and delay the abortion. A woman may, as a result, be required to undergo a surgical procedure because her pregnancy is further advanced and medical abortion is no longer an option. Although abortion is one of the safest medical procedures, the risk of complication and cost of the procedure increases as the pregnancy advances.

The rule will therefore harm patients in two ways: by threatening the health of women seeking abortions, and by depriving them of their constitutionally protected right to obtain a pre-viability abortion.

Therefore, we respectfully urge this board to reject the proposed rule change noticed as ARC 0891C.

Sincerely,



Rita Bettis
Legislative Director and Staff Attorney