her clinic was destroyed exactly a year and two days ago.

EXHIBIT 4
DATE 3/6/15
HB 587

Please vote NO on HB587
Testimony submitted by Susan Cahill, PA-C, MSW
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March 5, 2015

My name is Susan Cahill. I am a certified Physician Assistant who has provided family medicine and first trimester abortion services in the Flathead Valley for 38 years. I am writing in oppostion to HB 587.

HB 587 bans the use of telecommunication technology in the delivery of one particular healthcare service; that is, medication abortion.

Medication abortion is the use of 2 oral medications to terminate a pregnancy up to 9 weeks. The first medication, Mifeprex, blocks the pregnancy hormone. The second medication, Misoprostol, is taken 12-72 hours later. Both medications have VERY FEW contraindications and very few side effects. Both medications can be taken by the woman in the privacy of her own home. Women who use medication abortion have the same risk of complications as a woman who has a natural miscarriage. That is to say, very low risk.

Telemedicine is already used in delivering healthcare to rural communities in Montana. Medical professionals order medicine by mail or call prescriptions into pharmacies in other states for their patients when necessary without seeing the patient in person.

One woman in 300 dies each year from an unsafe abortion. Providing access to a safe abortion decreases that risk 200%

In countries where childbirth is safe, 1 woman in 10,000 will die in childbirth. In the US, less than 1 woman in 100,000 has died from a medication abortion. This makes medication abortion safer than childbirth and means that a safe abortion wirth Mifeprex and Misoprostol **saves women's lives.**

Montana is a rural state with diminishing access to safe abortion facilities. My practice was completely destroyed by an anti-choice extremist March 4th of last year. 400 plus patients from all over the county and beyond lost their primary care practitioner over night. Women and families who came from Eureka, Libby, Idaho, Ronan, Polson Browning for an abortion now have to travel at least twice as far to obtain abortion services. I remember a husband and wife from Stryker Montana who had 4 children already and lived in a 2-bedroom home. He had lost his job recently and her birth control method had failed. He said to me, with tears in his eyes, "I love my family and I love my wife. That's why we have to do this. Let them walk in my shoes before they judge me". The loss of my clinic limits safe abortion access even further.

I am not aware of any healthcare professionals offering medication abortion by telemedicine in Montana. However, given the rural nature of Montana and the lack of abortion access in the state, such a practice would increase access and potentially save women's lives.

If medication abortion was ever offered via telemedicine in Montana, creating a safe environment in which to offer such a medical service should be under the purview of expert medical professional, NOT the legistature.

I can think of NO REASON why this bill was even introduced, except to once again attempt to limit abortion access.

HB587 should be relegated to the trash heap.

Susan Cahill, PA-C, MSW