

**Statement of the Montana Section of the
American Congress of Obstetricians and Gynecologists on HB 587**

March 3, 2015

The Montana Section of the American Congress of Obstetricians and Gynecologists (MT ACOG) opposes HB 587 and other legislative proposals that attempt to restrict how physicians care for their individual patients. As a Section of the Nation's leading group of physicians dedicated to improving health care for women, MT ACOG represents 124 ob-gyn physicians in our state. Consistent with ACOG's national policy, MT ACOG oppose governmental interference that causes a physician to compromise his or her medical judgment about what treatment is in the best interest of the patient.

Telemedicine is a promising delivery method for many forms of health care, and leading medical groups recognize its importance, especially for rural states like ours.

- ACOG recommends that doctors foster efforts to utilize effective telemedicine technologies and supports remote access technologies to expand and improve services for women,ⁱ including for prenatal care and cervical cancer screenings.
- American Medical Association guidelines recognize telemedicine as "a key innovation in support of health care."ⁱⁱ
- Telemedicine technology has also been effectively employed in a variety of serious health contexts such as heart attack, diabetes, mental health issues, stroke, and respiratory infection.
- The Montana legislature also signaled its clear understanding of the comparability of telemedicine and in-person services when in 2013, it passed SB 270 into law, requiring parity in insurance coverage for both types of care.
- Telemedicine is expanding access to high quality health care across the country. Abortion care should not be excluded from these technological advances.

This legislation infringes upon the patient-physician relationship in regards to safe, legal medical services.

- ACOG MT strongly opposes intrusion into the patient-physician relationship and does not support regulations on medical care that are contrary to scientific evidence and that are not necessary to achieve an important public-health objective.
- HB 587 interferes with the patient-physician relationship by impairing the ability of physicians to ~~determine and~~ deliver the most appropriate treatment options for their individual patients.
- Under this proposal, physicians could face criminal charges for practicing medicine in ways accepted by the latest medical science. As such, HB 587 places an unneeded and unprecedented burden on Montana physicians and patients.
- Montana's ob-gyns are committed to providing safe, high quality care to our patients, yet the proposed law will do nothing to further this goal.

Abortion is an essential health service, and research shows that medical abortion prescribed by telemedicine is a safe and effective.

- As an organization ACOG recognizes that abortion is an essential health care service and opposes laws that create barriers to care.
- Medical abortion is now a standard and proven method of providing safe and effective early abortion in the United States. Accomplished with oral medications taken under the guidance of a health care provider, medical abortion has over a 99% safety rate; serious complications occur in just 0.1-0.4% of patients.ⁱⁱⁱ
- Evidence shows that medical abortion can be provided safely utilizing telemedicine technology. A study in Iowa found that medical abortion was just as safe for women who consulted a physician remotely as who saw a physician in person.^{iv}
- Requiring a physician to be physically present with a woman taking these medications serves no medical purpose and is inconsistent with accepted medical practices. ACOG's clinical guidance on Medical Management of First-Trimester Abortion states that "medical abortion can be provided safely and effectively via telemedicine with a high level of patient satisfaction."^v

For these reasons, **ACOG MT opposes HB 587 and strongly urges the Legislature to closely examine and follow scientific facts and medical evidence in its consideration of this and other health care legislation.** We stand ready to provide you with factual information on medical issues that come before the Legislature, and hope you will contact us at any time.

Respectfully,

Mark Garnaas, MD
2835 Fort Missoula Rd, Ste 300
Missoula, MT 59804
406-721-5600

###

The Montana Section's position reflects National ACOG's policy on abortion, which recognizes that the issue of support for or opposition to abortion is a matter of profound moral conviction to its members. Like National ACOG, we respect the need and responsibility of our members in Montana to determine their individual positions on abortion based on personal values or beliefs. We note that, like other Americans in communities across the country, ob-gyns in our state have diverse personal beliefs on abortion. As an organization, ACOG opposes unnecessary government regulations that limit or delay women's access to medical care, including abortion, and that subject physicians to criminal charges for practicing according to accepted medical standards.

ⁱ American College of Obstetricians and Gynecologists. *Health Disparities in Rural Women*. Committee Opinion No. 586.

ⁱⁱ American Medical Association Report 7 of the Council on Medical Service (A-14), *Coverage of and Payment for Telemedicine*, at 1 (2014).

ⁱⁱⁱ Gatter M, Cleland K, and Nucatola DL. Efficacy and safety of medical abortion using mifepristone and buccal misoprostol through 63 days, *Contraception*, 2015, at <http://www.sciencedirect.com/science/article/pii/S0010782415000062>

^{iv} Grossman D, Grindlay K, Buchacker T, Lane K, Blanchard K. Effectiveness and acceptability of medical abortion provided through telemedicine. *Obstetrics and Gynecology*. July 2011; 118(2):296-303.

^v American College of Obstetricians and Gynecologists. *Medical Management of First-Trimester Abortion*. Practice Bulletin No. 143, March 2014.