



NATIONAL
INSTITUTE FOR
REPRODUCTIVE
HEALTH

SENATE JUDICIARY
Exhibit No. 14
Date: 3/25/15
Bill No. HB 587

Chairman Jerry Bennett
Members of the House Judiciary Committee
Montana House of Representatives

Via electronic system and by hand

March 5, 2015

Re: House Bill 587

To the Chairman and Members of the House Judiciary Committee,

The National Institute for Reproductive Health thanks the committee for the opportunity to submit this testimony on behalf of our organization and the women and advocates we work with and advocate for every day. The National Institute works with advocates and providers across the country to help women gain access to the full range of quality reproductive health care options, including abortion. The National Institute engages directly in advocacy at the local and state level and also partners with local and state advocates to promote reproductive rights and expand access to reproductive health care, including with partners in Montana.

The National Institute submits this testimony to strongly oppose House Bill 587, which targets a specific health care service for political reasons, rather than with the purpose or effect of improving the provision of health care. Indeed, as discussed below, House Bill 587 would have the opposite effect: It would curtail the potential to expand access to critical reproductive health care for Montana women.

Access to Abortion is Critical for Women's Health, Including Access to Medication Abortion

Abortion is one of the safest and most common medical procedures available in this country today.¹ Nearly one in three women in the United States will have an abortion by the age of forty-five.² Women who seek abortion care come from every demographic group, every region, and many faith backgrounds, and more than 60% of women who seek abortion care are already

¹ See Guttmacher Institute, *Induced Abortion in the United States 2014*, http://www.guttmacher.org/pubs/fb_induced_abortion.html, last visited March 4, 2015; and, Elizabeth G. Raymond & David A. Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119 *Obstetrics & Gynecology* 215 (2012).

² Guttmacher Institute, *Induced Abortion in the United States 2014*, http://www.guttmacher.org/pubs/fb_induced_abortion.html, last visited March 4, 2015



mothers.³ Indeed, the American College of Obstetricians and Gynecologists (ACOG), the leading medical specialty organization for women's reproductive healthcare, recognizes that "[i]nduced abortion is an essential component of women's health care."⁴

Notably, abortion is a very safe procedure, with a much lower complication rate than carrying a pregnancy to term,⁵ but because the risks increase later in pregnancy, access to early abortion is especially critical.⁶ There are two ways for a woman to have an abortion early in pregnancy, including surgical abortion and medication abortion (also known as non-surgical abortion, or the abortion pill). A medication abortion is when oral medications are used to end a pregnancy. The U.S. Food and Drug Administration (FDA) approved a drug called mifepristone (marketed as Mifeprex) for abortion in 2000 after many years of study, to be used in conjunction with another medication called misoprostol. When a woman decides to have a medication abortion, she takes these two different types of medication. The first medication, mifepristone, works to terminate pregnancy by blocking a key hormone, called progesterone. After the patient takes mifepristone at the facility, she takes a second medication called misoprostol to complete the abortion. More than two million women in the US have used mifepristone to end a pregnancy since 2000.⁷

Telehealth Expands Access to Health Care, Particularly For Rural Residents

"Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care."⁸ In fact, telehealth is a fast-growing and now critical mechanism for health care delivery with incredible potential to connect rural residents with medical specialists and other health care providers who would otherwise be out of reach. The federal government and many state governments have invested in and expanded access to telehealth over the last twenty years, as it has become a clear path towards "extend[ing] the reach of scarce resources while also emphasizing the quality and value in the delivery of health care

³ *Id.*

⁴ American College of Obstetricians and Gynecologists, Abortion Policy (Revised November 2014), available at <http://www.acog.org/-/media/Statements-of-Policy/Public/sop069.pdf?dmc=1&ts=20150304T1532062560>

⁵ Elizabeth G. Raymond & David A. Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119 *Obstetrics & Gynecology* 215 (2012) ("Legal induced abortion is markedly safer than childbirth. The risk of death associated with childbirth is approximately 14 times higher than that with abortion.").

⁶ See, e.g., American College of Obstetricians and Gynecologists, Abortion Policy (Revised November 2014), available at <http://www.acog.org/-/media/Statements-of-Policy/Public/sop069.pdf?dmc=1&ts=20150304T1532062560> ("If abortion is to be performed, it should be performed safely and as early as possible.").

⁷ These numbers are as reported by the manufacturer of mifepristone in the United States, called Mifeprex. See <http://earlyoptionpill.com/what-is-mifeprex/effectiveness-advantages/>, last visited March 4, 2015.

⁸ Health and Human Services, Office of Rural Health Policy, Office for Advance of Telehealth, <http://www.hrsa.gov/ruralhealth/about/telehealth/>, last visited March 4, 2015. The federal Office for the Advancement of Telehealth "promotes the use of telehealth for health care delivery, education and information services . . . to [help] assure quality health care for underserved, vulnerable and special needs populations." *Id.*



services,” particularly for “geographically isolated individuals.”⁹ Indeed, the Montana legislature has already recognized the value of increasing access to telemedicine by enacting laws that create a licensure structure that makes it easier for out-of-state physicians to provide care to patients in state,¹⁰ and requiring insurance policies issued in the state to cover health care delivered through telemedicine in the same manner as all other healthcare.¹¹ Moreover, even in states that have not yet mandated such coverage, many private insurance companies have independently begun to cover health care provided through telemedicine.¹² The National Institute urges the Committee to review the testimony submitted by the National Partnership for Women and Families for a full picture of the advancements that have come about as a result of the expansion in access to telehealth.

Telehealth Can Be A Critical Mechanism to Increase Access to Abortion for Rural Montana Women

In at least two states, a woman facing an unintended pregnancy who decides to access early medication abortion may be able to seek treatment provided through telemedicine at a health care office nearby, rather than having to travel great distances, incur significant costs and experience other difficulties, such as missing work or having to find childcare.¹³ A recent study in Iowa, focused on one of these telemedicine programs, found that medication abortion was just as safe for women who went to a medical office and there consulted a physician remotely as for women who saw a physician in person.¹⁴ Moreover, ACOG recognizes that:

Medical knowledge and patient care are not static. Innovations in medical practice are critical to the advancement of medicine and the improvement of health. Medical research is the foundation of evidence-based medicine and new research leads to improvements in care. ACOG is opposed to laws and regulations that operate to prevent advancements in medicine.¹⁵

⁹ Institute of Medicine, *The Role of Telehealth in an Evolving Health Care Environment*, November 12, 2012, available at <http://www.iom.edu/Reports/2012/The-Role-of-Telehealth-in-an-Evolving-Health-Care-Environment.aspx>.

¹⁰ Montana Code Ann. §37-3-342 (2014).

¹¹ Montana Code Ann. §33-22-138 (2014).

¹² Government Health IT, *Telehealth payments picking up steam in U.S. states*, December 12, 2014, available at <http://www.govhealthit.com/news/telehealth-payments-picking-steam-us-states>.

¹³ Alana Samuels, *The Safer More Affordable Abortion Only Available in Two States*, Atlantic Monthly, October 14, 2014, available at <http://www.theatlantic.com/business/archive/2014/10/the-safer-more-affordable-abortion-only-available-in-two-states/381321/>.

¹⁴ Daniel Grossman, M.D., et al., *Effectiveness and acceptability of medical abortion provided through telemedicine*. 118 *Obstetrics & Gynecology* 296 (2011).

¹⁵ *Id.*; see also World Health Organization, *Safe Abortion: Technical and Policy Guidance for Health Systems* Second Edition (2012), available at http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf?ua=1



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Although currently unavailable in Montana, telemedical access to early medication abortion has the potential to improve reproductive health access and outcomes for rural women in the state. Notably, two years ago, the Montana legislature recognized that telemedicine holds great promise for Montana residents. Enacted in 2013, Montana Code Annotated §33-22-138 made absolutely clear that access to telemedicine should be permitted without any requirement that “a health care provider ... be physically present with a patient at the site where the patient is located unless the health care provider who is providing health care services by means of telemedicine determines that the presence of a health care provider is necessary.”

Nonetheless, House Bill 587 would contradict that policy, overriding individual health care providers’ medical judgment to prohibit the provision of medication abortion through telemedicine and preventing Montana women from accessing the best, most up-to-date technological advancements in reproductive health care.

Conclusion

House Bill 587 would prevent the expansion of reproductive health care in Montana and have a particularly harmful impact on women living in rural communities. Moreover, it would prevent Montana health care providers from continuing to improve the quality and standards of their practice, preventing them from using the medical technological advancements that would otherwise make it easier to provide better care to more patients. For these reasons, we urge the Chairman and Committee members to vote No on House Bill 587.

Sincerely,

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