

## Imershein: Eliminate medically-unnecessary abortion restrictions

Sara Imershein Imershein is a board-certified OBGYN licensed in Virginia since 1983 and working for six years at the Falls Church Healthcare Center. Sep 4, 2019



Sara Imershein  
Courtesy of Sara Imershein

By Sara Imershein

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On Sept. 5, Virginia's Board of Health will convene to hear testimony and consider medically unnecessary regulations designed to close down women's health clinics and limit access to abortion. These regulations (known as TRAP, or Targeted Regulation of Abortion Providers) do nothing to improve patient health care. In 2017, the Virginia Board of Health had voted to eliminate some of the most burdensome of these regulations. However, a judge in a Henrico Circuit Court case funded by the anti-abortion Family Foundation, ruled that the Board of Health has to re-do the progress voted on in 2017 and restart the regulatory process.

The upcoming hearings are an opportunity to reinstate the common-sense 2017 amendments. However, these positive steps are not sufficient to align Virginia regulations with current medical standards of accessible and safe abortion care. Abortion-care regulations must prioritize patient-care no differently than other, similar, minimal-risk medical treatments and procedures.

We must repeal the TRAP statutes and there is a way:

Only by electing a pro-choice majority in both the Virginia State House and Senate this November on Election Day, will Virginia women and families gain the power and the votes to repeal these medically-unnecessary, burdensome

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regulations to regain their personal freedom. Existing TRAP laws hamper my patients' freedom to make personal medical decisions and stifle my ability to provide optimum care.

Regulations to restrict the availability of abortion care undermine patient safety by delaying patient care that is safer earlier in pregnancy. Consider, medication abortion — a method of pregnancy termination that requires an office visit medical assessment, counseling and dispensing safe and legal pills. Building code and facility requirements offer no added safety, but increase costs and create delays. Discriminatory regulation of abortion early in pregnancy is unconstitutional and medically inappropriate. Requiring the same facilities as a procedure, in-clinic first-trimester abortion is absurd. Regulations that apply only to more experienced providers, who perform more than five abortions monthly, is irrational and counter-productive, providing no medical benefit to a patient.

Medication abortion, for example is extremely safe, associated with few complications or contraindications, and requires no anesthesia or sedation. In 2018, the National Academies of Science Engineering and Medicine studied over 33,000 medication abortions. Complications are less than 1%, a rate similar to or safer than commonly prescribed antibiotics and far lower than risks and complications of continuing pregnancy and childbirth. Facility regulations and waiting periods serve no medical purpose and do not increase safety.

Medication abortion uses only pills. Patients receive the first pill after counseling and complete the process safely at home, after leaving the clinic. Rare complications, when they occur happen at home, are managed by phone, and very rarely require after-hours, emergency care similar to a miscarriage, easily manageable by any emergency facility in the commonwealth. Requiring clinicians that provide only medication abortion-care to provide extensive and expensive physical plant requirements similar to hospitals' major surgery regulations is illogical. Medication abortion-care uses no anesthesia, no instruments, no surgical procedure. Requirements for anesthesia services, staffing, emergency equipment and services are medically inappropriate. The NASEM report assured the first part of medication abortion can be safely administered in an in-office setting, and the second part is best completed comfortably at home. Dispensing the medication in a facility with designated hallway width or parking spaces requirement does not improve patient safety. Mandating these requirements without medical benefit limits the number of providers who can provide this necessary healthcare. These excessive regulations impede access, increase delay and decrease patient safety. Combined with the other unnecessary Virginia restrictions including the unnecessary 24-hour mandatory delay, our Virginia patients endure fewer options and higher risks.

The regulatory scheme currently in place makes no medical sense. It defies common sense, too. I urge the Board of Health to heed the medically accepted standards of care. Any regulation that restricts abortion-care differently than other similar low-risk medical care is burdensome and unconstitutional. As important, I urge voters to make a difference this election. Vote for candidates who will put Virginia women first, respect their personal healthcare decisions , and honor their freedom.

Elect representatives who will eliminate these medically nonsensical requirements once and for all.

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