

OPINION

Why single out one procedure for telemed ban?

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(Photo: Register file photo)

Two years ago, the Iowa Board of Medicine, appointed by a pro-life governor, and with a Catholic priest who opposes abortion as a member, voted to ban so-called "telemedicine abortions." Even though Planned Parenthood says 7,000 people have used telemedicine pills since 2008, all without negative effects.

"Telemedicine abortion" is an imperfect term to describe what happens: After various tests, a patient confers over video conference with a doctor, who then dispenses pills which will later cause the fetus and its remnants to be expelled from the woman's body. This can't be done after seven weeks of pregnancy. In seven of nine Planned Parenthood clinics in Iowa, such "abortions" allow patients to avoid traveling long distances to see an abortion provider in person.

To abortion opponents who believe every fetus has a right to life, probably no procedure is acceptable. But a medical board is supposed to rule on safety and efficacy. This ruling seems based on ideological opposition. Why else would the board single this procedure out from all the other telemedicine ones to require examinations by the doctor? Telemedicine is used in Iowa for everything from psychiatric evaluations to burns and stroke treatment.

"Telehealth allows for the examination and treatment of a patient without a physician being physically present," says UnityPoint's Clarke County Hospital on its website. Apparently those remote "examinations" don't bother the board.

(<https://www.desmoinesregister.com/story/news/health/2015/03/11/planned-parenthood-telemedicine-abortion-iowa-supreme-court/70150532/>).

Not only did this board offer no medical evidence for its requirement, but the same body with a different governor's appointees had no problems with the procedure. Abortion is legal and constitutionally protected both in the United States and Iowa; even the attorney representing the board acknowledged that. But according to a lawsuit brought by Planned Parenthood, the board's real intent is to limit abortion access. If the ban stands, Planned Parenthood says abortion services will be available only in Des Moines and Iowa City.

A district court ruled for the board, and Planned Parenthood appealed to the Iowa Supreme Court, which heard arguments Wednesday. Justices questioned Planned Parenthood attorney Alice Clapman on why the state should not defer on medical matters to a board "made up of medical people." (Most members are doctors.) It should not agree, she replied, if their actions are "illogical, irrational or wholly unjustified." She said the court should protect individual rights, and urged it to "strike the rule because it has no medical or scientific support."

Planned Parenthood has specifically noted that member Monsignor Frank Bognanno, who has no medical training and who helped lead anti-abortion efforts before being named to the board, distributed anti-abortion material to fellow board members weeks before the vote.

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Asked about the medical basis for requiring in-person doctor exams, state Solicitor General Jeff Thompson, representing the board, replied, "You don't need any data" to conclude they're necessary. He was also asked why an exam is not required for in-person delivery of the abortion pills. I spoke to a woman who had a pill abortion three years ago in Des Moines. She said though a doctor consulted with her in person, he didn't examine her. Someone else did an ultrasound.

[\(https://www.desmoinesregister.com/story/news/politics/2015/01/17/politicians-join-anti-abortion-rally-des-moines/21935993/\)](https://www.desmoinesregister.com/story/news/politics/2015/01/17/politicians-join-anti-abortion-rally-des-moines/21935993/)

Thompson said the FDA created stringent protocols and provider agreements for the pills' use, but that Planned Parenthood is using its own protocols. He said other states have banned the same procedure for those reasons. He noted that medical associates, not doctors, are providing the sonograms and blood tests for patients at remote clinics. But Justice Brent Appel pointed to an American College of Gynecologists and Obstetricians amicus brief saying standard protocols had evolved beyond the labeling requirements. He asked Thompson if it isn't true, as ICOG contends, that even outside of telemedicine, physicians delegate tests to others.

"I don't know," Thompson replied. "I haven't been examined by an ob-gyn." Under questioning by Justice David Wiggins, he said he isn't aware of any medical procedures that by statute must be done by a doctor in person. Clapman, based in Washington, D.C, said the only rationale the medical board offered for requiring a doctor's presence is that women are making a difficult decision. She noted counselors are there for support.

The woman who spoke to me found out she was five or six weeks pregnant by an alcoholic man she had broken up with. She was 22, and said she has emotional problems and that it was a "toxic" relationship. She said her life was out of control — including an arrest for drinking and texting while driving. She was torn, wanting children but knowing the circumstances were wrong.

"This child would basically grow up in this terrible environment," she said. Though she loved the man, "I wouldn't want a baby around an alcoholic." So she did the most responsible thing she could, and though two years later, she has to look away driving past the clinic, she knows it was right.

Whatever their circumstances, wherever they live, women need options. It would be a terrible miscarriage of justice to take those away without compelling medical reasons.

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