

KANSAS HOUSE OF REPRESENTATIVES Committee on Health and Human Services Testimony of Robert Eye on behalf of Trust Women, Inc. in Opposition to Section 6 of HB 2512 February 1, 2018

Thank you Chairman Hawkins and members of the Committee,

I am a lawyer here on behalf of my clients Trust Women, Inc. and Trust Women Clinics Inc. The mission of Trust Women Inc. is to provide abortion care to women in underserved communities so that all women can make their own decisions about their health needs. Trust Women Wichita, Inc. in Wichita provides reproductive health care including medical and surgical abortions.

Trust Women Inc. and Trust Women Clinics Inc. are strong supporters of telemedicine. Getting health care services to people in underserved areas is part of the mission of Trust Women, Inc. In fact, before Trust Women established Trust Women Wichita, Wichita was the largest metropolitan area in the country without an abortion provider. Trust Women. Inc. and its affiliated clinics are not only supportive of getting medical services to those in need, they work to actually make it happen. Hence, my testimony today should not be considered as an opposition to telemedicine. My testimony is directed at the exclusionary provision of Section 6 that prohibits medical abortions via telemedicine.

Medical abortions via telemedicine are safe and authorized in states such as Iowa and Maine. The Iowa Supreme Court unanimously upheld the right to medical abortions via telemedicine.¹

Additionally, there is a compelling legal case to justify medical abortions via telemedicine. In *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292 (2016) the U. S. Supreme Court overturned Texas legislation that had the effect of unduly restricting access to abortion care. The statutory restrictions were determined by the Supreme Court to lack a medical basis that could be said to protect the health of women. In rendering this opinion, the Court provided guidance for legislation related to abortion care. The Court made clear that restrictions that cause substantial obstacles to abortion without a corresponding health benefit for women are unconstitutional.

Telemedicine is premised on the reality that there are rural areas of our state that are medically underserved. Denying medical abortion services and provision of abortifacients via telemedicine contradicts the goal of expanding the scope of medical services in underserved areas.

The decision in *Whole Woman's Health v. Hellerstedt* prohibits these restrictions without a showing that such causes a health benefit to inure to women. There is no health benefit for women in underserved areas who can't access medical abortion services or abortifacients via telemedicine. None. Women in many underserved areas are now required to drive hours for a medical abortion when it could be performed safely via telemedicine closer to their homes. While their urban counterparts can access medical abortions close to home with minimal disruption to their personal and professional lives, women in underserved areas are required to take time away

¹ http://abcnews.go.com/Health/iowa-study-shows-telemedicine-abortion-safe-women-access/story?id=14166312 http://iowapublicradio.org/post/maine-follows-iowas-lead-telemed-abortion



from their jobs, families and community activities to get the same service. This penalizes women who live in rural areas that are remote from abortion providers.

The exclusionary provision of Sec. 6 of HB 2512 is an impermissible restriction on access to medical abortion services. Unless this restriction can be justified by a showing that such causes a health benefit for women it is prohibited by Whole Woman's Health v. Hellerstedt.

It is noteworthy that HB 2512 does not make any attempt to justify the Sec. 6 restriction on health grounds. The restriction is a manifestation of the bill sponsors' opposition to abortion care. This is an inadequate basis to restrict medical abortions or provision abortifacients of via telemedicine under prevailing Supreme Court authority. Likewise, only medical abortions and provision of abortifacients are singled out for restrictions. In effect, this is the legislature substituting its bias against abortion care for women's right to choose and the judgment of medical professionals who have determined medical abortions may be provided safely via telemedicine.

Please expand medical services via telemedicine to underserved areas of our state. But do not unjustifiably restrict access to medical abortion services via telemedicine in the process.

If there are questions I will do my best to provide answers.

Thank you.