Attachment—Additional Questions for the Record

Subcommittee on Health
Hearing on
"Protecting Women's Access to Reproductive Health Care"
February 12, 2020

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The Honorable Ann Kuster (D-NH)

1. Dr. Robinson, given that you are one of the last remaining abortion providers in Alabama, do you often take care of patients that have to travel long distances in order to see you?

Yes. In fact, because so many other providers have been forced to shut their doors across the entire region, some patients travel from beyond Alabama for care. I have seen patients from as far away as Louisiana, Arkansas and Texas-a six to eight-hour drive.

2. What are the experiences often like for those patients when they travel from far away for care? What additional hardships do these patients often face as compared with patients who live in the same town as the place where they are obtaining their abortion?

Even once they make the trip, patients have to navigate a number of unnecessary hurdles imposed by the state of Alabama before they can actually get the care they need. For example, after an initial appointment, they are required to wait an additional 48 hours before I can provide their procedure due to a mandatory waiting period required by the state. This adds tremendous cost and logistical hurdles for patients--many of whom have to arrange transportation, lodging, childcare, and time off from work, and are losing income throughout their trips. I have known some patients to sleep in their cars during the waiting period because they have no other options.

And of course, the hardships of traveling long distances have been compounded by the COVID-19 pandemic. Abortion is time- sensitive, essential health care. It can not be delayed without risking the health and safety of pregnant patients, as both the American Medical Association and American College of Obstetricians and Gynecologists have said.[1] And yet some states, including

[1] Brief of American College of Obstetricians and Gynecologists, American Medical Association et al. as amicus curiae supporting petitioners, In re: Greg Abbott et al, on petition for Writ of Mandamus to the United States District Court for the Western District of Texas Case No. 1:20-CV-323, (Fifth Circuit, April

mine, have tried to use this pandemic as an excuse to shut down access to abortion care completely, which would force people to travel even further for care or in many cases block them from getting an abortion at all. Thankfully, we were able to stop them from succeeding in Alabama by going to court. But as the challenges presented by the COVID pandemic have made clear, it is vital that people can access abortion care-- just like all other essential medical care-- in their own communities. This pandemic makes it even more urgent that we put a stop to these harmful clinic shutdown laws, once and for all, so that people no longer need to travel long distances for care.

3. Dr. Robinson, what types of medical procedures are able to use telemedicine services today? Is there any medical justification for limiting access to telemedicine services for abortion care?

Telemedicine or telehealth offers great promise for increasing access to medical care, particularly in underserved and rural communities. Telehealth generally refers to the use of technology such as computers and telephones to provide health care to patients. Telehealth is used for patient education, screening, mental health, and management of chronic conditions. In the COVID-19 epidemic, telemedicine has been used for medical consultations to limit in-person encounters to necessary visits and treatments to protect patients and providers.

In abortion care, telehealth has been utilized in several states to improve access to medication abortion (using the mifepristone/misoprostol regimen to end a pregnancy). In Iowa, Planned Parenthood initiated a regimen where a patient visits a health center for a consultation and screening. Then eligible patients are connected via videoconference to a clinician at another health center who answers any questions, reviews the medical record, and authorizes the medication. This model can minimize travel and result in more timely care.

Another model is currently being studied by Gynuity Health Projects, with the approval of the FDA. A patient consults with a clinician via videoconference. Any needed tests are done at a local laboratory or health care facility and then the medication is mailed directly to the patient. Afterwards, the patient has a pregnancy test and another video consultation. Data suggests this method is a feasible, safe, and acceptable option for patients.

Unfortunately, Alabama law and the Food and Drug Administration requirements for mifepristone make these practices impossible for me. Alabama requires an in-person exam for every medication abortion patient and imposes medically unnecessary ultrasound and laboratory testing requirements that effectively prohibit the use of telemedicine. I'm also required to physically dispense the medication in person even though this task could easily be delegated to another clinician. And the current distribution requirements imposed on mifepristone by the FDA

2020), available at: https://www.plannedparenthood.org/uploads/filer_public/99/48/994883ad-d170-47a4-8147-5a6e82e9cf0a/00515370632_-_2020-04-02_-_acog_ama_et_al_amicus_brief.pdf.

mean that I cannot write a prescription that a patient could fill at a local pharmacy. Even now, during the pandemic, the FDA has maintained the unnecessary in-person dispensing requirement, requiring patients to travel to a clinical location to pick up their prescriptions and risking unnecessary exposure to COVID-19.

4. What steps can Congress take to improve access to care for women in rural areas specifically?

Congress can pass the Women's Health Protection Act (WHPA). WHPA would provide a nationwide safeguard against the laws that hostile state legislators are passing in states like mine in an attempt to force providers like me to close and force my patients to navigate unnecessary obstacles in order to get health care. States have passed more than 450 such laws in the last decade.[2]

In Alabama, these include a biased counseling requirement that forces me to give my patients outdated information which I must later correct, a mandatory delay period that forces patients to make two separate visits to the clinic and wait 48 hours for care, a forced ultrasound requirement, and a ban on abortion after 20 weeks of pregnancy, after which patients must travel as far as Illinois for care. It includes a requirement that providers have admitting privileges at a local hospital, which many abortion providers are unable to obtain because they don't admit the minimum number of patients annually--precisely because abortion is so safe. It also includes onerous building requirements and zoning restrictions that serve no purpose other than to drive up our operating costs in order to shut us down.

These are only some of the examples of restrictions devised by hostile politicians. None of them make abortion care safer-- all of them are aimed at pushing it out of reach. State politicians made their intent very clear last year when they passed a near-total ban on abortion that, had we not blocked it in court, would have threatened physicians like me with up to 99 years in prison. In Alabama and elsewhere, the impact of these restrictions often falls hardest on women in rural areas, where the distance between providers is greatest, access to specialist services are limited or nonexistent, many of the obstetrical units and hospitals are closing due to lack of resources, and public transportation is not readily available. Particularly for low income patients without resources, these obstacles can be insurmountable. WHPA would put an end to this constant onslaught of restrictions once and for all.

5. Would the Women's Health Protection Act improve access to care for women in rural areas?

[2] Elizabeth Nash, Unprecedented Wave of Abortion Bans is an Urgent Call to Action, Guttmacher Institute Policy Review, May 2019, available at: https://www.guttmacher.org/article/2019/05/unprecedented-wave-abortion-bans-urgent-call-action.

Yes. There is no question that WHPA would bring much needed relief to women in rural areas, including my patients-- who are severely impacted by the harmful restrictions our state legislators put in place. It would stop the clinic shutdown laws that have closed so many providers and force women in rural areas to travel so far for care. Abortion is necessary, essential pregnancy related care, and it must be available to people in their own communities.

Right now, Alabama has unconscionably high maternal and infant mortality rates, and they are far higher for Black women than white women. There are many pre-existing conditions that can be made worse by pregnancy, and other serious health conditions can be caused by pregnancy. If we don't improve access, we will continue to see these alarming disparities in our communities.