

## ACCESS TO FAMILY PLANNING AND ABORTION SERVICES

### ***Position Statement***

NASW, Iowa Chapter, affirms the right of every individual, within the context of her own value system, to have access to family planning and abortion services. The NASW position is based on the bedrock principles of self-determination, human rights, and social justice.

### ***Family Planning Services***

- *Incidence of unintended pregnancies*

According to the Guttmacher Institute (2013), about half (51%) of all pregnancies in the United States are unintended; and for women at or below the federal poverty level, the rate is more than five times that of women at the highest income level. In 2008, 44% of all pregnancies (24,000) in Iowa were unintended (Kost, 2013).

- *Impact of unintended pregnancies*

An extensive body of research links births resulting from unintended or closely spaced pregnancies to adverse maternal and child health outcomes and to a wide range of social and economic challenges (Guttmacher Institute, 2013). Financially, the federal and state governments spent \$132 million on births resulting from unintended pregnancies in Iowa in 2008 (\$82 million was paid by the federal government and \$51 million by the state). Fully 95% of unintended pregnancies are attributable to the one-third of women who do not use contraceptives or who use them inconsistently (Guttmacher Institute, n.d.b).

- *Funding for family planning services*

Title X of the Public Health Service Act is the sole federal program devoted entirely to family planning. Title X subsidizes direct client services, and provides funding to supporting family planning centers in communities. Clinics offer the following services to Iowa residents – medical services (including birth control exams and supplies, tests and treatment for sexually transmitted diseases, cancer screening, infertility exams and counseling, pregnancy tests and health education), birth control methods, information, and community education (Iowa Department of Public Health [IDPH], n.d.).

The IDPH and the Family Planning Council of Iowa provide Title X family planning services. The IDPH's Family Planning Program currently contracts with 8 agencies that serve 45 of Iowa's 99 counties, with clinics in 33 of the counties served. The Family Planning Council of Iowa provides services to 55 Iowa counties (IDPH, n.d.). In FFY 2014, the IDPH received \$1,253,000 in Title X funds (personal communication, D. Wheeler, December 23, 2014); in SFY 2014, the Family Planning Council of Iowa received \$2,678,563 in Title X funds (personal communication, J. Tomlonovich, January 5, 2015).

Costs to individuals that receive family planning services at family planning clinics are based on the ability to pay, and are often less than at other health centers. Services are free for people enrolled in Medicaid and those whose incomes are below the federal poverty guidelines. However, many women do not know financial assistance is available.

Family planning services also are funded in Iowa through the Medicaid (Title XIX) Family Planning Waiver. In SFY 2013, Medicaid provided family planning services to 34,354 individuals at a cost of \$9,242,805 (Iowa Department of Human Services [IDHS], 2013). Under section 2303 of the Affordable Care Act (ACA), however, states now have the option of establishing a new Medicaid eligibility group to provide medical assistance for family planning services and supplies that previously could be offered only through waivers (Sonenstein, 2014).

- *Need for family planning services*

In 2012, 182,690 Iowa women aged 13–44 were in need of publicly funded family planning services; however, publicly funded family planning centers served only 74,840 female contraceptive clients or 41% of the total number of women needing services (Guttmacher Institute, n.d.b).

- *Impact of family planning services*

According to the Guttmacher Institute (n.d.b), the services provided by family planning centers in Iowa helped avert 18,300 unintended pregnancies in 2012, which would likely have resulted in 9,100 unplanned births and 6,200 abortions.

Nationally, the John Hopkins School of Public Health (Sonenstein, 2014) estimates that publicly funded family planning services save \$13.6 billion, or \$7.09 for every \$1 spent.

- *Adolescent pregnancy*

The Center for Disease Control and Prevention (as cited in Leys, December 14, 2014) has reported that over the past 50 years the number of women age 15 -19, per 1,000 who have given birth has declined significantly in Iowa and across the country, from 96 in 1957, to 60 in 1990, to 27 in 2013. According to The National Campaign to Prevent Teen and Unplanned Pregnancy (n.d.), Iowa's teen birth rate declined 43% from 4,640 in 2010 to 2,498 in 2012. While the causes of the decline are not fully known, Addie Rasmussen, a community health consultant with the IDPH (as cited in Leys, December 14, 2014), attributes part of the explanation to research-based lesson plans being used in pregnancy prevention education.

Iowa uses three sources of funding for adolescent pregnancy prevention services. The IDPH received \$506,422 in federal funds for the Personal Responsibility Education Program (PREP) for federal fiscal year (FFY) 2015, and \$308,053 for FFY 2014 for the Abstinence Education Grant Program (AEGP) (personal communication, D. Wheeler, December 23, 2014). While the PREP is 100% federally funded, the AEGP requires a 75% non-federal match (personal communication, M. Green, December 31, 2014). The third source of funding is the federal Temporary Assistance for Needy Families; the IDHS (2014) budget request for SFY 2016 includes \$1,930,067 for teen pregnancy prevention.

### ***Abortion Services***

- *Incidence of abortion*

In 2011 (the most recent year for which data are available), the U.S. abortion rate declined to 16.9 abortions per 1,000 women aged 15–44, while the total number of abortions declined to 1.1 million (Guttmacher Institute, 2014). In 2012 (the most recent year for which data are available), 4,648 abortions were performed in Iowa; this represents a 3.46% decrease from 2011. Of those, 50% were surgically induced and 49.78% were medically induced; and 93.26% were conducted in the first 13 weeks of pregnancy, while no abortions were conducted at 29 weeks or later (IDPH, 2014).

- *Abortion restrictions*

The Supreme Court's decision in *Roe v. Wade* (1973) provides the legal framework for a woman's right to terminate a pregnancy in the United States. However, abortion is a controversial medical procedure, and various anti-abortion groups have worked to limit access to abortion through regulation and other restrictions. As a result, one-third of American women live in counties with no source of abortion services (Guttmacher Institute, 2003).

Iowa statutes and/or administrative rules provide the following restrictions.

- *Post-viability abortion restriction.* Iowa Code Section 707.7 (enacted 1976, last amended 2009) states that no abortion may be provided after the end of the second trimester unless necessary to preserve the woman's life or health.
- *Targeted regulation of abortion provider.* Iowa Code Section 707.7 (enacted 1976, last amended 2009) limits who can provide abortion services. Only a physician licensed to practice medicine and surgery or osteopathic medicine and surgery may provide abortion care.
- *Restrictions on young women's access to abortion.* Iowa Code Section 135L (enacted 1996, last amended 1998) requires parental notice before a minor can have an abortion (with certain exceptions, including judicial waiver), and requires that the physician must offer written decision-making materials related to carrying the pregnancy to term and retaining parental rights, adoption, and abortion.
- *Restrictions on low-income women's access to abortion.* Iowa Administrative Code 441-78.1(17) prohibits public funding for abortion for women eligible for state medical assistance unless (1) the pregnant woman's

life would be endangered if the fetus were carried to term, (2) the fetus is physically deformed, mentally deficient, or afflicted with a congenital illness, (3) the pregnancy was the result of a rape reported within 45 days of occurrence, or (4) the pregnancy is the result of incest reported within 150 days of occurrence. In addition, the Governor must approve each Medicaid-funded abortion (Leys, 2013).

- *Refusal to provide medical services.* Iowa Code Section 146.1.2 (enacted 1976) allows certain individuals or hospitals to refuse to provide abortion services on the basis of religious beliefs or moral convictions.
- *Abortion ban.* Iowa Code Section 707.8A (enacted 1998) bans “partial birth abortions”. However, the U.S. Court of Appeals for the Eighth Circuit found the statute to be unconstitutional in *Planned Parenthood of Greater Iowa, Inc. v. Miller* (U.S. National Library of Medicine, 1999).

- *Access to abortion services*

According to the Guttmacher Institute (n.d.a), in 2011, there were 18 abortion providers in Iowa, with 17 of those being clinics. In 2011, 85% of Iowa counties had no abortion clinic; 50% of Iowa women lived in those counties. Over the last several years, however, Planned Parenthood of the Heartland has closed at least 11 rural clinics in Iowa (Leys, June 4, 2014).

- *Use of telemedicine in provision of abortion services*

Beginning July 1, 2008, Planned Parenthood of the Heartland began using a videoconferencing system to expand access to abortion services in rural counties (Boshart, 2010).

Several studies have published related to the use of telemedicine in abortion. A study by Grossman Grindlay, Buchacker, Lane, and Blanchard (2011), for example, found the proportion of patients with a successful abortion and patient satisfaction were comparable for telemedicine and face-to-face patients. The study also found that “there was no significant difference in the prevalence of adverse events” among telemedicine and face-to-face patients. Another study (Grindlay, Lane, & Grossman, 2013) found that “patients were positive or indifferent about having the conversation with the doctor take place via telemedicine, with most reporting it felt private/secure”. Patients and providers also cited several advantages of telemedicine, including decreased travel time and availability of locations and appointment times. Finally, a study published in the American Journal of Public Health (Grossman et. al., 2013) found that the overall abortion rate decreased in Iowa after the introduction of telemedicine. At the same time, the proportion of abortions that were medical (as opposed to surgical abortions) increased from 46% to 54%, and patients had increased odds of obtaining the abortion before 13 weeks’ gestation.

In August 2013, however, the Iowa Board of Medicine adopted administrative rules setting restrictions on the use of videoconferencing in the provision of abortion services that would effectively ban the practice. The rules require the physician prescribing an abortion-inducing drug to perform a physical examination of the patient, be present when the drug is provided, and schedule a follow-up appointment in the same location where the drug was provided 12 to 18 days later (Standards for practice – physicians who prescribe or administer abortion-inducing drugs , 2014). Planned Parenthood subsequently sued the Iowa Board of Medicine. On August 19, 2014, a Polk County district judge ruled that the Iowa Board of Medicine had sufficient authority to adopt the rules (Leys, August 19, 2014); however, on September 17, 2014, the Iowa Supreme Court issued a ruling blocking the administrative rules (Semuels, 2014).

Subsequently, on October 10, 2014, the Iowa Board of Medicine noticed proposed rules 653 – 13.11 to establish practice standards for telemedicine in general (Iowa Board of Medicine, 2014), based on review of other states rules and national reports on telemedicine, as well as discussions with representatives of Iowa physicians and hospitals. However, these rules explicitly state that “nothing in this rule shall be interpreted to contradict or supersede the rule established in 653 – 13.10” (Iowa Board of Medicine, 2014, subsection 13.11[22]), which are the rules the Board adopted regarding the use of telemedicine in abortion services.

- *Personhood amendment*

On April 25, 2013, 21 members of the Iowa Senate proposed Senate Resolution 10, which would amend the state Constitution to make the word “person” apply to all human beings from the beginning of their biological development (Hasset, 2013).

## ***Recommendations***

NASW, Iowa Chapter, recommends the following provisions in order to support the right of every individual to have access to family planning and abortion services.

### ***Family Planning***

- The Legislature should provide funding to the Iowa Department of Public Health to increase public information about the availability of family planning services.
- The Legislature should not prohibit funding for family planning services from going to agencies that also provide abortion services.
- The Legislature should direct the Iowa Department of Human Services to submit a state plan amendment to add family planning services to the State Medicaid Plan, as provided for in the Affordable Care Act.
- The Legislature should continue to allocate TANF funding for evidence-based adolescent pregnancy prevention services.

### ***Abortion Services***

- The Legislature should remove the requirement that the Governor approve Medicaid payment for an abortion.
- No further restrictions or requirements should be placed by the Legislature or Executive Branch on a woman's right to abortion services. The nature of the reproductive health services that a client receives should be a matter of client self-determination in consultation with the qualified health care provider furnishing them.
- Rules for the use of telemedicine in the provision of abortion services should not be "carved out" from general rules on telemedicine. The Legislature should direct the Iowa Board of Medicine to rescind the administrative rules in 653 – 13.10 that specifically deal with the use of telemedicine in the provision of abortion services. The use of telemedicine in the provision of abortion services should be governed by the broader administrative rules on telemedicine that the Board has proposed in 653 – 13.11.
- The Legislature should amend Iowa Code Chapter 146 to require that any individual or hospital that chooses not to provide abortion services has a responsibility to disclose the limited scope of their services and to assist clients in obtaining comprehensive services elsewhere.
- The Legislature should not initiate a statewide referendum on a "personhood" constitutional amendment.

## ***References***

- Boshart, R. (2010, October 25). State panel to revisit telemedicine issue, including "abortion pill. *Eastern Iowa Health* Retrieved from <http://easterniowahealth.com/2010/10/25/state-panel-to-revisit-telemedicine-issue-including-abortion-pill/>
- Grindlay, K., Lane, K., & Grossman, D. (2013, March). Women's and providers' experiences with medical abortion provided through telemedicine: a qualitative study. *Women's Health Issues, 23(2), e117-22*. Retrieved from <http://www.ibisreproductivehealth.org/publications/womens-and-providers-experiences-medical-abortion-provided-through-telemedicine>
- Grossman, D., Grindlay, K., Buchacker, T., Lane, K., & Blanchard, K. (2011, July). Effectiveness and acceptability of medical abortion provided through telemedicine. *Obstetrics and Gynecology, 118(2), 296-303*. Retrieved from <http://www.ibisreproductivehealth.org/publications/effectiveness-and-acceptability-medical-abortion-provided-through-telemedicine>

- Grossman, D., Grindlay, K., Buchacker, T., Potter, J., & Schmertmann, C. (2013, January). Changes in service delivery patterns after introduction of telemedicine provision of medical abortion in Iowa. *American Journal of Public Health, 103(1)*, 73-78. Retrieved from <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.301097>
- Guttmacher Institute (2014, February 3). *U.S. Abortion rate hits lowest level since 1973*. Retrieved from <https://guttmacher.org/media/nr/2014/02/03/index.html>
- Guttmacher Institute (2013, December). *Unintended pregnancy in the United States*. Retrieved from <http://www.guttmacher.org/pubs/FB-Unintended-Pregnancy-US.html>
- Guttmacher Institute (2003). *After three decades of legal abortion, new research documents declines in rates, numbers and access to abortion services* [Press Release]. Retrieved from <http://www.guttmacher.org/media/nr/2006/05/05/index.html>
- Guttmacher Institute (n.d.a). *State facts about abortion: Iowa*. Retrieved from <http://www.guttmacher.org/pubs/sfaa/iowa.html>
- Guttmacher Institute (n.d.b). *State facts about unintended pregnancies: Iowa*. Retrieved from <http://www.guttmacher.org/statecenter/unintended-pregnancy/IA.html>
- Hasset, N. (2013, April 30). Iowa legislators propose personhood amendment. *The Daily Iowan*. Retrieved from <http://www.dailyiowan.com/2013/04/30/Metro/33090.html>
- Iowa Board of Medicine. (2014, October 10). *Board votes to establish standards for physicians who use telemedicine*. Retrieved from <http://www.medicalboard.iowa.gov/Board%20News/2014/Press%20release%20-%20Board%20votes%20to%20establish%20standards%20for%20physicians%20who%20use%20telemedicine%20-%20October%2010%202014%20%282%29.pdf>
- Iowa Department of Human Services. (2013, June). *Medicaid B-1 report*. Retrieved from [http://publications.iowa.gov/14730/10/201306\\_IAMM2200-R003.pdf](http://publications.iowa.gov/14730/10/201306_IAMM2200-R003.pdf)
- Iowa Department of Human Services. (2014, September 29). *Allocation of specific federal and state funds*. Retrieved from [http://dhs.iowa.gov/sites/default/files/8\\_Allocation\\_Specific\\_Funds.pdf](http://dhs.iowa.gov/sites/default/files/8_Allocation_Specific_Funds.pdf)
- Iowa Department of Public Health. (n.d.) *Family planning*. Retrieved from [http://www.idph.state.ia.us/hpcdp/family\\_planning.asp](http://www.idph.state.ia.us/hpcdp/family_planning.asp)
- Iowa Department of Public Health. (2014, January 14). *2012 vital statistics of Iowa*. Retrieved from [http://www.idph.state.ia.us/apl/common/pdf/health\\_statistics/2012/vital\\_stats\\_2012.pdf](http://www.idph.state.ia.us/apl/common/pdf/health_statistics/2012/vital_stats_2012.pdf)
- Kost, K (2013, September). *Unintended pregnancy at the state level: Estimates for 2002, 2004, 2006 and 2008*. Guttmacher Institute. Retrieved from <http://www.guttmacher.org/pubs/StateUP08.pdf>
- Leys, T. (2014, December 14). Teen pregnancy rates plummeting. *Des Moines Sunday Register, USA Today*, p. 1B.
- Leys, T. (2014, August 19). Judge rules against use of telemed abortion system. *Des Moines Register*. Retrieved from <http://www.desmoinesregister.com/story/news/health/2014/08/19/planned-parenthood-telemedicine-abortions-iowa-board-of-medicine/14281889/>
- Leys, T. (2014, June 4). Planned Parenthood closes two Iowa clinics. *Des Moines Register*. Retrieved from <http://www.desmoinesregister.com/story/news/health/2014/06/04/planned-parenthood-closes-clinics-in-creston-red-oak/9978693/>
- Leys, T. (2013, September 11). U of I isn't billing Medicaid for abortions, sparing Branstad task of deciding whether to pay. *Des Moines Register*. Retrieved from <http://blogs.desmoinesregister.com/dmr/index.php/2013/09/11/u-of-i-isnt-billing-medicare-for-abortions-sparing-branstad-task-of-deciding-whether-to-pay/article>
- National Campaign to Prevent Teen and Unplanned Pregnancy. (n.d.). *Key information about Iowa*. Retrieved from <https://thenationalcampaign.org/sites/default/files/resource-primary-download/Iowa.pdf>
- Samuels, A. (2014, September 17). Iowa Supreme Court blocks rule limiting access to abortion pills. *Los Angeles Times*. Retrieved from <http://www.latimes.com/nation/nationnow/la-na-nn-iowa-abortion-20140917-story.html>

Sonenstein, F. (2014, October 14). Why investments in family planning are sound policy. *The Milbank Quarterly*, 00(0), 1-4.  
Retrieved from  
[http://www.milbank.org/uploads/documents/EV/EV\\_Commentary\\_Why\\_Investments\\_in\\_Family\\_Planning\\_Are\\_Sound\\_Policy.pdf](http://www.milbank.org/uploads/documents/EV/EV_Commentary_Why_Investments_in_Family_Planning_Are_Sound_Policy.pdf)

Standards for Practice – physicians who prescribe or administer abortion-inducing drugs. Iowa Legislature. 2014, . Iowa administrative code 653.13.10. Retrieved from <https://www.legis.iowa.gov/docs/ACO/IAC/LINC/10-02-2013.Rule.653.13.10.pdf>

U.S. National Library of Medicine, National Institutes of Health. (1999). *Planned Parenthood of Greater Iowa, Inc. v. Miller*. U.S. Court of Appeals, Eighth Circuit. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/11648440>

"Access to Family Planning and Abortion Services" was updated by Mary Nelson, MSW, and is based on the 2013-2014 NASW-Iowa Chapter Policy Priority by the same title and author.