



# Resolution No. 502 (New York State E) - Oppose Non-Evidence-Based Restrictions to Telemedicine Abortion

**ACTION TAKEN BY THE 2017 CONGRESS OF  
DELEGATES: REFERRED TO THE BOARD OF  
DIRECTORS**



**Resolution No. 502 (New York State E)**

**Oppose Non-Evidence-Based Restrictions to Telemedicine Abortion**

Introduced by the New York State Chapter

Referred to the Reference Committee on Advocacy

WHEREAS, The American Academy of Family Physicians (AAFP) supports expanded use of telehealth and telemedicine as an appropriate and efficient means of improving health, when conducted within the context of appropriate standards of care<sup>1</sup>, and

WHEREAS, the appropriateness of a telemedicine service should be dictated by the standard of care and not by arbitrary or politically motivated policies, and

WHEREAS, the AAFP supports a woman's access to reproductive health services and opposes non-evidence-based restrictions on medical care or the provision of such services (2014 COD), and

WHEREAS, 90% of U.S. counties do not have a clinic that provides abortion, and 39% of women of reproductive age live in these counties<sup>2</sup>, and

WHEREAS, 31% of patients in rural areas traveled more than 100 miles for abortion services in 2008<sup>3</sup>, and

WHEREAS, telemedicine has been shown to increase a patient's access to abortion care earlier in pregnancy when abortions are safer<sup>4</sup>, and

WHEREAS, telemedicine services for medication abortion are as safe and effective as medication abortions provided in person<sup>5</sup>, and

WHEREAS, telemedicine can expedite a women's access to care earlier in pregnancy, particularly in remote areas, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians oppose legislation that would prohibit telemedicine access to medication abortion or impose restrictions on access to medication abortion using telemedicine that are not placed on other medical services, and be it further

RESOLVED, That the American Academy of Family Physicians oppose singling out medication abortion services as a service to ban from telemedicine care, or impose restrictions on that are not placed on other telemedicine services.

(Received 7/17/17)

**Fiscal Impact:** None

### **Background**

Increasingly, women are accessing abortion services and counseling through telemedicine. These services involve the use of mifepristone, a drug that was approved the by U.S. Food and Drug Administration in 2000. Women in rural areas are the most likely to utilize these services because of the lack of abortion access within their communities.

The Guttmacher Institute's 2017 report (<https://www.guttmacher.org/state-policy/explore/medication-abortion>) indicates that 20 states have passed laws restricting telemedicine abortion services by requiring the individual administering the drug be physically present for the procedure. Another 37 states have laws mandating that only a licensed physician may provide these services. In January of 2017 a federal judge struck down the state of Idaho's law which included both restrictions.

Legislation was introduced in Congress to protect women's access to these services. Rep. Judy Chu (D-CA) and Senator Richard Blumenthal (D-CT) introduced the Women's Health Protection Act (HR 1322/S. 510) to ensure women can utilize telemedicine for abortion services.

The AAFP currently collaborates with other medical societies to support women's right to access health services without political interference and to defend the integrity of the doctor-patient relationship for policies at both the state and federal level.

In 2015, the AAFP signed onto a coalition statement by the Coalition to Protect the Patient Physician Relationship on legislative interference. The statement reiterates Coalition principles and addresses state policies mandating health care professionals provide unsubstantiated medical information. The Coalition was created in 2014 to address legislative infringements on the patient-provider relationship and is comprised of physician organizations (AMA, ACP, AAP, AOA, ACOG), and health organizations.

In March 2017, the AAFP submitted a letter (<http://www.aafp.org/dam/AAFP/documents/advocacy/campaigns/LT-EC-AHCA-030717.pdf>) in response to the introduction of the American Health Care Act that included concerns about legislative interference; signed a medical society letter (<http://www.aafp.org/dam/AAFP/documents/advocacy/campaigns/ST-WomensHealth-012517.pdf>) urging policymakers to protect women's health; and expressed concerns about legislation that would have rolled back federal regulations indicating that qualified family planning grantees' eligibility should be based only on their qualifications to deliver health services.

### **Current Policy**

**Telehealth and Telemedicine** (<http://www.aafp.org/about/policies/all/telemedicine.html>)

**Reproductive Decisions** (<http://www.aafp.org/about/policies/all/reproductive-decisions.html>)

**Reproductive Health Services** (<http://www.aafp.org/about/policies/all/reproductivehealth-services.html>)

**Over-the-Counter Oral Contraceptives** (<http://www.aafp.org/about/policies/all/otc-oral-contraceptives.html>)

**Preconception Care: AAFP Position Paper** (<http://www.aafp.org/about/policies/all/preconception-care.html>)

## **Prior Congress Action**

### **Resolution No. 502 from the 2016 COD (Adopted):**

RESOLVED, That the American Academy of Family Physicians advocate that emergency contraception, whether over-the-counter or by prescription, be a covered benefit under all Medicaid programs for all women of reproductive age.

**Please see Page 363 in the 2016 Transactions**

([http://www.aafp.org/content/dam/AAFP/documents/about\\_us/congress/restricted/2016/CODTransactions2016.pdf](http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2016/CODTransactions2016.pdf)) **for details.**

**Please see Resolution No. 502** (<http://www.aafp.org/about/governance/congress-delegates/2016/resolutions/california-b.mem.html>) **on the AAFP website for follow-up details.**

### **Resolution No. 503 from the 2014 COD (Substitute Adopted):**

RESOLVED, That the American Academy of Family Physicians update [www.familydoctor.org](http://www.familydoctor.org) (<http://www.familydoctor.org>)

section on emergency contraception with accurate evidence-based information, and be it further

RESOLVED, That the American Academy of Family Physicians request the U.S. Food and Drug Administration to require labeling certain methods of emergency contraception (EC) such as levonorgestrel and ulipristal acetate as less effective for obese women.

**Please see Page 350 in the 2014 Transactions**

([http://www.aafp.org/content/dam/AAFP/documents/about\\_us/congress/restricted/2014/CODTransactions2014.pdf](http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2014/CODTransactions2014.pdf)) **for details.**

**Please see Resolution No. 503** (<http://www.aafp.org/about/governance/congress-delegates/previous/2014/resolutions/newyork-b.mem.html>) **on the AAFP website for follow-up details.**

### **Resolution No. 504 from the 2014 COD (Substitute Adopted):**

RESOLVED, That the American Academy of Family Physicians supports a woman's access to reproductive health services and opposes nonevidence-based restrictions on medical care and the provision of such services.

**Please see Pages 350-351 in the 2014 Transactions**

([http://www.aafp.org/content/dam/AAFP/documents/about\\_us/congress/restricted/2014/CODTransactions2014.pdf](http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2014/CODTransactions2014.pdf)) **for details.**

**Please see Resolution No. 504** (<http://www.aafp.org/about/governance/congress-delegates/previous/2014/resolutions/newyork-c.mem.html>) **on the AAFP website for follow-up details.**

### **Resolution No. 501 from the 2012 COD (Substitute Adopted as Amended on the Floor):**

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for emergency contraception to be available without prescription to all women of reproductive age.

**Please see Pages 375-380 in the 2012 Transactions**

([http://www.aafp.org/content/dam/AAFP/documents/about\\_us/congress/restricted/2012/2012Transactions.pdf](http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2012/2012Transactions.pdf)) **for details.**

**Please see Resolution No. 501** (<http://www.aafp.org/about/governance/congress-delegates/previous/2012/resolutions/resolution-501.mem.html>) **on the AAFP website for follow-up details.**

## **Prior Board Action**

Approval of a recommendation from the Commission on Health of the Public and Science that the first resolved clause of 2014 Congress of Delegates Substitute Adopted Resolution No. 503, "Promote Emergency Contraceptives that are Effective Regardless of Weight," be considered implemented as the recommended changes have been made to the emergency contraceptive information on FamilyDoctor.org.

B2015, April 28-30, p. 69.

Approval of a recommendation from the Commission on Governmental Advocacy as amended by the Board that the AAFP communicate to the Secretary of the Department of Health and Human Services support for making emergency contraceptive products available without prescription to all women of reproductive age, and that the AAFP partner with ACOG to study this issue further in response to the resolution below:

RESOLVED, That the AAFP advocate for emergency contraception to be available without prescription to all women of reproductive age.

B2013, April 23-25, p. 25.

### **References:**

1. American Academy of Family Physicians. Policy: Telemedicine and Telehealth (2016). Retrieved from <http://www.aafp.org/about/policies/all/telemedicine.html> (<http://www.aafp.org/about/policies/all/telemedicine.html>).
2. Guttmacher Institute 2017. Abortion Incidence and Service Availability in the United States, 2014. Retrieved from <https://editor.guttmacher.org/journals/psrh/2017/01/abortion-incidence-and-service-availability-united-states-2014> (<https://editor.guttmacher.org/journals/psrh/2017/01/abortion-incidence-and-service-availability-united-states-2014>).
3. Jones RK, Jerman J. How far did US women travel for abortion services in 2008? *J Womens Health (Larchmt)*. 2013;22(8):706-713.
4. Daniel A. Grossman, Kate Grindlay, Todd Buchacker, Joseph E. Potter, and Carl P. Schmertmann. Changes in Service Delivery Patterns After Introduction of Telemedicine Provision of Medical Abortion in Iowa. *American Journal of Public Health*: January 2013, Vol. 103, No. 1, pp. 73-78.doi: 10.2105/AJPH.2012.301097.
5. Raymond EG, Chong E, Hyland P. Increasing Access to Abortion With (<https://www.ncbi.nlm.nih.gov/pubmed/27019353>) Telemedicine (<https://www.ncbi.nlm.nih.gov/pubmed/27019353>). (<https://www.ncbi.nlm.nih.gov/pubmed/27019353>) *JAMA Intern Med*. 2016 May 1;176(5):585-6. doi: 10.1001/jamainternmed.2016.0573.



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<http://www.aafp.org/about/governance/congress-delegates/2017/resolutions2/newyork-e.mem.html>

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