



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Iowa Section

Governor Kim Reynolds
State Capitol
1007 East Grand Ave
Des Moines, Iowa 50319

June 20, 2020

Re: Veto HF 594

Dear Governor Reynolds:

As the leading group of physicians providing health care for women across the lifespan, the American College of Obstetricians and Gynecologists (ACOG), Iowa Section is committed to ensuring access to the full spectrum of quality obstetric and gynecological care for all patients. We have long encouraged lawmakers and public health officials alike to turn to our resources and experts for factual information on the many issues facing women's health care, including, but not limited to, contraception, maternity care, Pap smears, STI testing, and abortion.

We urge you to veto HF 594, which imposes a waiting period on women as a condition of accessing abortion. This legislation represents unwise and unsafe political intrusion in the practice of medicine in Iowa, jeopardizes our members' ability to practice the full scope of obstetrics and gynecology according to their best professional judgement, and infringes on women's access to reproductive health care.

ACOG, along with many of our partners across medical specialties, has long opposed unnecessary, unjustified government restrictions on access to medical care and has consistently urged politicians to listen to medical experts when making policy that affects women's lives.ⁱ In fact, in 2017, ACOG Iowa sent a letter to your predecessor, Governor Terry Branstad, opposing legislation that similarly attempted to impose a mandatory waiting period, among other restrictions on abortion care.

At the time, we expressed concern that a mandatory waiting period would make access to safe abortion services even more burdensome to a woman at a time when she needs empathetic, respectful care. Three years later, we maintain this conviction—a state-mandated waiting period is unwise, inappropriate, and should be vetoed.

Abortion continues to be one of the safest medical procedures performed in the United States—safer than other routine medical procedures and substantially safer than childbirth.ⁱⁱ In fact, since 2017, the National Academies of Sciences, Engineering, and Medicine, in reviewing the state of science on all methods of abortion, confirmed once again not only that abortion is safe. The greatest threats to the quality of abortion care in the United States are unnecessary and burdensome government regulations, including forced waiting periods.ⁱⁱⁱ

There is no evidence that any length of a government-mandated waiting period carries medical benefit to the patient at all; instead, it is physicians and their patients who should determine together the timing of a procedure. Mandatory waiting periods only serve to make it harder for women to access a

needed abortion, and that is especially true for women in locations where the nearest abortion provider is far away.^{iv} Iowans living in the rural parts of our states who must travel many hours to reach any health care provider would be disproportionately harmed by HF 594.

We are in the middle of a global pandemic, which has exacerbated barriers to health care and exposed stark inequities in access. The government's role should be to seek innovative ways to make health care more accessible for all Iowans during this public health crisis, pursue policies grounded in medical science, and prioritize those who are most impacted, such as those struggling with added financial strain, facing childcare and transportation barriers, or answering the call to serve our communities as essential workers. HF 594 would do nothing to advance public health. Instead, it singles out women and their clinicians for undue regulations that will make health care access more challenging. Again, we urge you to veto HF 594.

Sincerely,

Shannon Leveridge, MD, FACOG

Legislative Chair, Iowa Section of the American College of Obstetricians and Gynecologists

ⁱ Legislative Interference with Patient Care, Medical Decisions, and the Patient-Physician Relationship, The American College of Obstetricians and Gynecologists, <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2019/legislative-interference-with-patient-care-medical-decisions-and-the-patient-physician-relationship> (July 2019)

ⁱⁱ National Academies of Sciences, Engineering, Medicine, The Safety and Quality of Abortion Care in the United States (March 2018); see also Raymond & Grimes, The Comparative Safety of Legal Induced Abortion and Childbirth in the United States, 119 *Obstetrics & Gynecology* 215, 216 (2012)

ⁱⁱⁱ National Academies of Sciences, Engineering, and Medicine. The Safety and Quality of Abortion Care in the United States (March 2018) at <https://www.nap.edu/read/24950/chapter/1>

^{iv} Increasing access to abortion. Committee Opinion No. 613. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2014;124:1060—5.