

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.

Discussion

- *Family Planning Services*

Nearly half of all pregnancies in the United States are unintended, and among women at or below the federal poverty level, the rate is more than five times that of women at the highest income level (Guttmacher Institute, January 2012). In 2006, about 24,000 Iowa women ages 15 – 44 had unplanned pregnancies (Sonfield, 2011).

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.

The Iowa Department of Public Health and the Family Planning Council of Iowa provide Title X family planning services. The Iowa Department of Public Health’s Family Planning Program currently contracts with eight agencies that serve 45 of Iowa’s 99 counties, with clinics in 33 of the 45 counties served. The Family Planning Council of Iowa provides services to 54 Iowa counties.

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

In 2008, Title X–supported centers provided contraceptive care to 66,800 women in Iowa (Frost and Sonnfield, 2010). These centers served 43% of women in the state in need of publicly supported contraceptive services and supplies. Of the total contraceptive clients served by these centers, 72% had incomes at or below the federal poverty level (Fowler, 2010).

Family planning services are also funded in Iowa through the Medicaid (Title XIX) Family Planning Waiver. In SFY 2012, Medicaid provided family planning services to 33,969 individuals at a cost of \$9,111,212 (Iowa Department of Human Services, 2012).

According to the Guttmacher Institute State Data Center, in 2008, publicly funded family planning services helped Iowa women avoid 16,400 unintended pregnancies, which would likely have resulted in about 7,300 unintended births and 6,800 abortions.

- *Abortion Services*

The decision to have an abortion is a difficult one for women. As stated by Sharon Camp of the Guttmacher Institute (2006), “behind almost every abortion in the United States is an unplanned and unwanted pregnancy . . . [Abortion] . . . is a last resort for a woman who is faced with a crisis pregnancy”. The United States has one of the highest abortion rates in the developed world, and it is estimated that 35 percent of women will have an abortion by 45 years of age (Boonstra, Gold, Richards, & Finer, 2006).

In 2010, 5,399 abortions were performed in 2010, the last year for which data are available (Iowa Department of Public Health, 2010). This represents a 7.4 percent decrease since 2009 (IDPH, 2010). According to the Iowa Department of Public Health (2010), 94.3% of abortions in 2010 were conducted in the first 13 weeks of pregnancy, and no abortions were conducted at 29 weeks or later.

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 to a woman's access to abortion:

- *Post-viability abortion restriction.*
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 providers.*
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.*
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.
- *Refusal to provide medical services.*
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.*
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).

According to the Guttmacher Institute (2008), in 2005 in Iowa, 93% of counties had no abortion provider in the county, and 56% of Iowa women lived in these counties. In the Midwest census region, where Iowa is located, 19% of women having abortions traveled at least 50 miles, and 9% traveled more than 100 miles.

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). Nearly 1,900 Iowa patients used the videoconferencing system to obtain abortion drugs from July 1, 2008 to September 1, 2010 (Boshart, 2010). Abortion foes have asked the Iowa Board of Medicine to halt this practice. While the Board has not

commented specifically on Planned Parenthood's program, on August 20, 2010 the Board Chair announced that he would appoint an ad hoc committee to discuss telemedicine. The Board's current policy on telemedicine dates to the 1990's (Iowa Medical Board, 2010).

According to a study published in the American Journal of Public Health (Grossman, D., et. Al., 2012), the abortion rate decreased in Iowa after the introduction of telemedicine, the proportion of abortions in medical clinics increased, and clinic patients had increased odds of obtaining abortion before 13 weeks' gestation. Although distance traveled to the clinic decreased only slightly, women living farther than 50 miles from the nearest clinic offering surgical abortion were more likely to obtain an abortion.

Recommendations

- 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.
- 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.
- Any policy changes related to telemedicine should be based on best medical research, and should not be specific to any procedure.
- 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.

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