SENATE JUDICIARY
Exhibit No. 2
Date: 1/25/15
Bill No. HB587

Dear Senators,

First, thank you for your time and for listening to what I have to say. My name is Carol Kolar. I am from Helena Montana. I am a health care provider of women's health care and I have been practicing for the past 18 years. This bill has nothing to do with being pro-life or pro-choice. This bill has to do with providing safe medical care to pregnant women.

Telemedicine came about out of necessity to bring needed services to patients in remote locations or medically underserved areas. Telemedicine has been successfully used in legitimate medical practices for such things as medical history review, psychiatric evaluations, and ophthalmology assessments. However, telemedicine was never meant as a replacement for the personal, hands-on-examination by a physician. The American Telemedicine Association has developed standards of practice to promote safe and secure delivery of services. Alarmingly, some are using this technology to provided medication abortions, casting a long shadow on the original intent and purpose of telemedicine. Taking an abortion pill is not like taking an aspirin. Women have died from the abortion drug. Use of telemedicine has reduced the dispensing of this dangerous abortion drug to little more than supplying advice of the same kind you might get from a pharmacist when buying an over-the-counter medication. That is placing the lives of women at serious risk.

Telemedicine abortions would be done by placing a patient in a room where an off-site abortionist appears on a computer monitor and explains the medical abortion procedure to them over an internet hook-up, similar to skyping. After the brief teleconference, the dangerous abortion drug RU486, also known as a combination of Mifepreistone and misoprostol are prescribed. The drugs are then administered to the patient by a nurse or "clinician" who may or may not be licensed. The patient presses a button on a computer screen that opens a box containing the abortion drugs. The patient is never physically examined by the medical doctor prescribing the drugs, and never sees the abortionist again. Once the patient has taken the abortion drugs, the medical abortion process takes days, can be very painful, and involves heavy bleeding and cramping until the pre-born baby is expelled. Yet, the only follow-up is a recommended appointment 2-3 weeks after the abortion to make sure the "pregnancy no longer exists.

This development of telemedicine abortions should greatly trouble those who are concerned about the health and safety of women. Mifepristone (Mifeprex or RU 486), is the main component of medical abortions. The immediate risks for women using the abortion drug include: prolonged heavy bleeding, nausea, extreme cramping, headache, diarrhea, skin rash, allergic reaction and vomiting. One to 2% of women who took this drug in the US clinical trails required hospitalization because of hemorrhaging. Four of the 2000 participating women in this trial required blood transfusions and 25 required treatment in emergency rooms or hospitalization. During the clinical trials in the US, about 5% experienced an incomplete abortion. When this occurs, surgical abortion is needed as a backup. Incomplete abortions can cause life- threatening infections, with possible sterility and death. The sponsor and patent holder for this dangerous drug reported that 1 out of every 50 women will hemorrhage and require surgical intervention to stop the bleeding. One out of every 100 women will require hospitalization and 8% of the women who take this abortion drug, experienced an incomplete abortion. Women who suffer failed or incomplete abortions require them to be completed surgically or they may face life-threatening complications. With no doctor in sight, that presents a new danger to

women. Prompted by concerns of the dangers of this drug, the FDA added mifepristone to the list of drugs requiring a Risk Evaluation Mitigation Strategy to ensure the benefits outweigh the risks.

Planned Parenthood calls the abortion drug "safe and effective" and likens it to a "natural miscarriage". There is nothing safe or effective about a medication that ends a life, carries the risk of massive hemorrhage and life-threatening infection and has a significant failure rate. While reported risks of severe complications are low, discovering the actual frequency of adverse events is limited.

I am a provider in women's health care. I have taken care of women who were having a natural miscarriage. I have seen the complications of medical abortions. I cannot imagine a woman going through the process of miscarriage, either natural or induced, and not having access to a physician, especially for follow-up care. Any number of things could go wrong, and to never actually be seen by a licensed medical provider during the entire process seems risky at best, and grossly negligent.

The primary motivation presumed for telemedicine abortions was that women need to have ready access to abortion. Some abortion proponents think that induced abortion is a basic reproductive right and should be easily available to every woman. Why should this procedure merit special status. Some men want vasectomies, must there be a urologist in every town. People need root canals, yet we don't hear a public outcry about insuffient numbers of endodontists. Further, the vast majority of abortions are non-emergent, elective procedures. A woman who decides to abort her pregnancy is not being compelled or required to do so, but is simply choosing that outcome for her pregnancy. It is her right under the law, but that does not translate into a basic human right. The second rationale for telemedicine abortion is to "reduce physician travel to outlying areas. So, there was not an actual lack of providers, just a lack of willingness to drive. Instead, the woman suffering complications is forced to travel and in Montana it can be a great distance, to see a provider in what could be an emergency situation. What reputable physician performs a procedure on a patient but doesn't provide emergency coverage: This used to be called patient abandonment.

Telemedicine creates access to services where there are none. Medication abortion prescribers are required to ensure that the patients have ready access to surgical intervention, if needed. If these services are in place, then telemedicine isn't needed. If there isn't a qualified medical professional available, than the procedure should be automatically disqualified from a telemedicine program. Telemedicine abortions fail to meet the minimum standard of care for patients to ensure their safety and well-being, and they should be stopped. Women are entitled to a higher quality standard of care.

Therefore, I stand in support of this bill that would ban telemedicine abortions.

Sincerely,
Carol Kolar, APRN, CNM