

February 11, 2018

Senator Mark Segebart State Capitol 1007 E. Grand Ave, Des Moines, Iowa 503198

Dear Senator Segebart:

On behalf of the Society for Maternal-Fetal Medicine (SMFM) State Liaison Network, we are writing in strong opposition to SSB 3143.

Established in 1977, SMFM is the medical professional society for obstetricians who have additional training in the area of high-risk, complicated pregnancies. Our members see the sickest and most vulnerable patients, and aim to improve care, research, advocacy and education for pregnant women. Because maternal-fetal medicine (MFM) physicians primarily provide care to women experiencing highrisk pregnancies, the Society is particularly concerned with access to pregnancy termination services for this population. Women with high-risk pregnancies are more likely to experience medical complications - for themselves, their fetus(es), or both - that can lead to increased maternal and perinatal morbidity and mortality. For example, many genetic anomalies render a fetus nonviable and can lead to a loss or stillbirth late in pregnancy.4 In other instances, the life of the woman may be at risk due to a complicated pregnancy, and abortion may be required to protect a woman's life or health. Since SMFM and its members are dedicated to optimizing maternal and child outcomes, assuring that medically appropriate options are available is critically important. We recognize that some physicians may have religious or moral objections to participating in certain health care services, including pregnancy termination. The Society supports protections afforded under federal law for an individual physician who refuses to participate in an abortion or other health care procedures to which the physician has a moral or religious objection so long as the physician has given appropriate notice to his or her employer.

The issue of pregnancy termination specifically is a deeply personal matter. Any proposed legislation that regulates medical care should be based on scientific evidence and best practices. SMFM opposes legislation that interferes with the physician-patient relationship and is not based upon scientific evidence. Any legislation that would ban pregnancy termination of pregnancy after the detection of the fetal heartbeat, or at six weeks' gestation, as SSB 3143 proposes, presents a vast interference with the patient-physician relationship, threatens communication between the physician and patient, and potentially compromises the physicians' medical judgment. For high-risk pregnancies, eliminating healthcare decisions later on in pregnancy presents significant challenges to patient care. The criminalization of abortion after six weeks' gestation will affect health care providers' ability to make ethical and professional decisions in the best interest of their patients.

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This bill is both unconstitutional and unnecessary political interference in the practice of medicine. A woman's right to choose an abortion has been settled law since 1973 when the Supreme Court ruled in Roe v. Wade. That decision makes clear that women may decide independently to have an abortion in the first trimester. This bill strips women of their Constitutional right to choose well before the first trimester has ended and represents a dangerous precedent for both patients and providers.

Further, training requirements for obstetrician-gynecologists in lowa, as set by the Accreditation Council for Graduate Medical Education (ACGME), require residency programs provide training or access to training in the provisions of abortions as part of a planned curriculum. Should SSB 3143 become law, the University of lowa would not meet the ACGME standards and could lose accreditation for its residency program in Obstetrics and Gynecology, the only OBG residency training program in the state.

SMFM strongly opposes SSB 3143. Please do not hesitate to contact Katie Schubert, SMFM's Chief Advocacy Officer, at kschubert@smfm.org or (202) 863-2519 should you have questions.

Sincerely,

Sean Blackwell, MD

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