



IOWA BOARD OF MEDICINE MEETING AGENDA JANUARY 11-12, 2024 | 7:30 a.m. - 5:30 p.m.

In-person participation

Iowa Department of Inspections, Appeals & Licensing
6200 Park Ave., Suite 100, Des Moines, Iowa 50321

Virtual participation

Click Here to [Join Zoom Meeting](#)

Meeting ID: 879 8747 8376
Passcode: 678807
Join via phone: 1-312-626-6799

Board Members: Joyce Vista-Wayne, MD, Chair; Patricia Fasbender, DO, Vice Chair; Chad Stadvold, DO, Secretary; Eugene Cherny, MD; Robert Donnelly, MD; Jason Meyers, MD; Rose Mitchell; Vickie Pyevich, MD

The Board may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting.

THURSDAY, JANUARY 11, 2024

COMMITTEE MEETINGS:

- 8:00 a.m. **SCREENING COMMITTEE**
Chair Pyevich, Cherny, Donnelly, Meyers, Mitchell
- 8:00 a.m. **EXECUTIVE COMMITTEE**
Chair Vista-Wayne, Fasbender, Stadvold
- 9:00 a.m. **MONITORING COMMITTEE**
Chair Meyers, Mitchell, Stadvold, Vista-Wayne
- 9:00 a.m. **LICENSURE COMMITTEE**
Chair Fasbender, Cherny, Donnelly, Pyevich

Appearances 9:15 a.m. and 9:45 a.m.

- I. **OPEN SESSION (ROLL CALL):** Upon Conclusion of Committee Meetings
- II. **CLOSED SESSION (ROLL CALL):** *Motion to go into closed session pursuant to Iowa Code section 21.5(1)(a), to review or discuss records which are required or authorized by state or federal law to be kept confidential; pursuant to Iowa Code section 21.5(1)(c), to discuss strategy with counsel in matters that are presently in litigation or where litigation is imminent where its disclosure would be likely to prejudice or disadvantage the position of the governmental body in that litigation; pursuant to Iowa Code section 21.5(1)(d), to discuss whether to initiate licensee disciplinary investigations or proceedings; and pursuant to Iowa Code section 21.5(1)(f), to*

discuss the decision to be rendered in a contested case conducted according to the provisions of chapter 17A.

A. Review of Minutes

- i. November 11-12, 2023 Board meeting

B. Review of Closed Session Complaints

C. Committee Report Recommendations Discussion

- i. Screening
- ii. Monitoring
- iii. Licensure

III. OPEN SESSION

A. Vote on Committee Reports

- i. Screening
- ii. Monitoring
- iii. Licensure

B. Vote to Approve Meeting Minutes (Open & Closed)

C. Vote on Closed Session Cases

D. Discussion on Contested Case Hearing Scheduling

FRIDAY, JANUARY 12, 2024

7:30 a.m. BOARD TO RECONVENE

A. Roll Call to establish quorum

- I. CLOSED SESSION (ROLL CALL):** *Motion to go into closed session pursuant to Iowa Code section 21.5(1)(a), to review or discuss records which are required or authorized by state or federal law to be kept confidential; pursuant to Iowa Code section 21.5(1)(c), to discuss strategy with counsel in matters that are presently in litigation or where litigation is imminent where its disclosure would be likely to prejudice or disadvantage the position of the governmental body in that litigation; pursuant to Iowa Code section 21.5(1)(d), to discuss whether to initiate licensee disciplinary investigations or proceedings; and pursuant to Iowa Code section 21.5(1)(f), to discuss the decision to be rendered in a contested case conducted according to the provisions of chapter 17A.*

- II. OPEN SESSION:** Upon conclusion of closed session business.

A. Vote on Closed Session Cases

10:00 a.m. PUBLIC SESSION

A. Roll Call to Establish Quorum

B. Introduction of Public Attendees & Opportunity for Public Comment

- *Public attendees may make comments now or when specific agenda items are addressed.*
- *Attendees must limit their remarks to no longer than five minutes. The Board reserves the right to reduce this time based on the number wishing to speak.*

C. Executive Director’s Report – Jill Stuecker, Interim Executive Director

D. Judicial Review Update – Katie Carl, Assistant Attorney General

E. Administrative Rules

- i. Discussion on ARC 7170C, Amendments and Public Comment to 653 IAC Chapter 13, “Standards of Practice and Principles of Medical Ethics.” – Leif Olson, Attorney General’s Office

These rules implement House File 732, Prohibiting and Requiring Certain Actions Relating to Abortion Involving the Detection of a Fetal Heartbeat.

F. Medical Error Task Force Report – Jill Stuecker, Interim Executive Director

G. Interstate Medical Licensure Compact (IMLC) Annual Report & Compact Update – Dr. Fasbender

H. Board Informational Items

- i. **Data:** IPHP Statistics (Reference Item Included in Board Materials)

III. CLOSED SESSION *(If Needed to Complete Unfinished Business) (ROLL CALL): Motion to go into closed session pursuant to Iowa Code section 21.5(1)(a), to review or discuss records which are required or authorized by state or federal law to be kept confidential; pursuant to Iowa Code section 21.5(1)(c), to discuss strategy with counsel in matters that are presently in litigation or where litigation is imminent where its disclosure would be likely to prejudice or disadvantage the position of the governmental body in that litigation; pursuant to Iowa Code section 21.5(1)(d), to discuss whether to initiate licensee disciplinary investigations or proceedings; and pursuant to Iowa Code section 21.5(1)(f), to discuss the decision to be rendered in a contested case conducted according to the provisions of chapter 17A.*

IV. OPEN SESSION: Upon conclusion of closed session business

A. Vote on Closed Session Cases

V. ADJOURN

NEXT REGULARLY SCHEDULED MEETINGS:

February 8-9, 2024 Hearing
 February 15, 2024 Teleconference
 March 21-22, 2024 Board Meeting

All meetings held by the Iowa Department of Inspections, Appeals, and Licensing are accessible to everyone. If you need special accommodations to participate, please call 515.281.0254 (TDD: 1.800.735.2942), as soon as possible in advance of the meeting to ensure sufficient time to make the appropriate accommodations.

MEDICINE BOARD[653]

Notice of Intended Action

Proposing rulemaking related to standards of practice for physicians who perform or induce abortions and providing an opportunity for public comment

The Board of Medicine hereby proposes to amend Chapter 13, “Standards of Practice and Principles of Medical Ethics,” Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in 2023 Iowa Acts, House File 732.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, 2023 Iowa Acts, House File 732.

Purpose and Summary

The proposed rule is directed by 2023 Iowa Acts, House File 732, to outline the standards of practice for physicians who perform or induce abortions, including the detection of a fetal heartbeat, exceptions, and discipline.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Board under 653—Chapter 3 for a waiver of the discretionary provisions, if any.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking. Written or oral comments in response to this rulemaking must be received by the Board no later than 4:30 p.m. on January 2, 2024. Comments should be directed to:

Chrissy Greco
Iowa Board of Medicine
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321
Phone: 515.242.6039
Fax: 515.242.5908
Email: chrissy.greco@iowa.gov

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

January 4, 2024
10 a.m. to 12 noon

6200 Park Avenue
Des Moines, Iowa

Persons who wish to make oral comments at the public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend the public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Board and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Adopt the following **new** rule 653—13.17(135L,146A,146E,147,148,272C):

653—13.17(135L,146A,146E,147,148,272C) Standards of practice for physicians who perform or induce abortions—definitions—detection of fetal heartbeat—fetal heartbeat exceptions—discipline.

13.17(1) Standards of practice. This rule sets forth the standards of practice for physicians who perform or induce abortions. More information is contained in Iowa Code section 146E.2(5) as enacted by 2023 Iowa Acts, House File 732.

13.17(2) Definitions. As used in this rule:

“*Private health agency*” means any establishment, facility, organization, or other entity that is not owned by a federal, state, or local government that either is a health care provider or employs or provides the services of a health care provider. Establishments, facilities, organizations, or other entities that are health care providers include the following:

1. A hospital as defined in Iowa Code section 135B.1;
2. A health care facility as defined in Iowa Code section 135C.1;
3. A health facility as defined in Iowa Code section 135P.1; or
4. A similar entity that either is a health care provider or employs or provides the services of a health care provider.

“*Public health agency*” means any establishment; facility; organization; administrative division; or entity that is owned by a federal, state, or local government that either is a health care provider or employs or provides the services of a health care provider. Establishments, facilities, organizations, administrative divisions, or other entities that are health care providers include the following:

1. A hospital as defined in Iowa Code section 135B.1;
2. A health care facility as defined in Iowa Code section 135C.1;
3. A health facility as defined in Iowa Code section 135P.1; or
4. A similar entity that either is a health care provider or employs or provides the services of a health care provider.

“*Standard medical practice*” means the degree of skill, care, and diligence that a physician of the same medical specialty would employ in like circumstances. As applied to the method used to determine the presence of a fetal heartbeat for purposes of Iowa Code chapter 146E as enacted by 2023 Iowa Acts, House File 732, and this rule, “standard medical practice” includes employing the appropriate means of detection depending on the estimated gestational age of the unborn child and the condition of the woman and her pregnancy.

“*The pregnancy is the result of a rape*” means a circumstance in which the pregnancy is the result of conduct perpetrated against a female that would be a prosecutable offense under Iowa Code section 709.2, 709.3, 709.4, or 709.4A.

“*The pregnancy is the result of incest*” means a circumstance in which a sex act occurs between closely related persons that involves a vaginal penetration that causes a pregnancy. The closely related persons must be related, either legitimately or illegitimately, as an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, or nephew. For purposes of this rule, a closely related person includes a stepparent, stepchild, or stepsibling, including siblings through adoption.

13.17(3) *Detection of fetal heartbeat.* A physician who intends to perform or induce an abortion must determine via abdominal ultrasound whether the woman is carrying an unborn child with a detectable fetal heartbeat.

a. Obligation. The obligation under this rule requires a bona fide effort to detect a fetal heartbeat in the unborn child. This effort must be made in good faith and according to standard medical practice and reasonable medical judgment.

b. Method. Consistent with standard medical practice and reasonable medical judgment, the physician shall perform an exterior abdominal ultrasound on the woman to determine whether the unborn child has a detectable fetal heartbeat. This exterior abdominal ultrasound shall be performed with real-time ultrasound equipment with a transducer of appropriate frequency. The equipment must be properly maintained and in proper functioning order. At minimum, the exterior abdominal ultrasound shall examine the full region of the woman’s body between the chest and pelvis, including the side flanks between the rib cage and hips.

13.17(4) *Fetal heartbeat exceptions.* The following applies to a physician who intends to perform or induce an abortion under a fetal heartbeat exception as defined in Iowa Code chapter 146E as enacted by 2023 Iowa Acts, House File 732, and this rule:

a. Incest or rape. If a pregnancy is the result of incest or a rape, the woman seeking an abortion may report the incest or the rape within the appropriate time frame to a licensed physician whose services are retained for an abortion procedure.

(1) To determine whether the pregnancy is the result of incest, a physician who intends to perform or induce an abortion must gather the following information from the woman seeking an abortion:

1. Did a sex act occur between the woman and a closely related person, meaning, related, either legitimately or illegitimately, as an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, nephew, stepparent, stepchild, stepsibling, or an adopted sibling?
2. On what date did the sex act that caused the pregnancy occur?
3. If initial reporting was to someone other than the physician who intends to perform or induce an abortion, on what date was the act reported to a law enforcement agency, public health agency, private health agency, or family physician?

The physician who intends to perform or induce an abortion shall use this information to determine whether the fetal heartbeat exception for incest applies. This information shall be documented in the woman’s medical records.

The physician who intends to perform or induce an abortion may rely on the information provided by the woman seeking an abortion upon a good-faith assessment that the woman is being truthful. The physician who intends to perform or induce an abortion may require the woman to sign a certification form attesting that the information she gave was true and accurate to the best of the woman’s understanding.

(2) To determine whether the pregnancy is the result of a rape, a physician who intends to perform or induce an abortion must gather the following information from the woman seeking an abortion:

1. On what date did the sex act that caused the pregnancy occur?
2. What was the age of the woman seeking an abortion at the time of that sex act?
3. Did the sex act constitute a rape?
4. Was the rape perpetrated against the woman seeking an abortion?



Greco, Chrissy <chrissy.greco@iowa.gov>

Comments to ARC 7170C

1 message

Dane Schumann <dane@iacapitolcounsel.com>
To: Chrissy.greco@iowa.gov

Wed, Dec 27, 2023 at 1:04 PM

Ms. Greco:

Please see comments to proposed rule ARC 7170C from my client, ACOG, attached to this email.

Please contact me with any questions or requests for further information.

Thank you,

--

Dane Schumann, Attorney at Law
Capitol Counsel, PLLC
2961 100th Street, Suite 5
Urbandale, Iowa 50322
P: 515-218-9095

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dane@iacapitolcounsel.com

 **ACOG Comments to ARC 7170C.pdf**
211K



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

December 27, 2023

Iowa Board of Medicine
620 Park Avenue, Suite 100
Des Moines, Iowa 50321
Delivered via email to:
Chrissy.greco@iowa.gov

RE: Proposed NIA for New Rule 653-13.17, Implementing HF 732

Ms. Greco:

This letter is being sent on behalf of the Iowa Section of the American College of Obstetricians and Gynecologists (ACOG). We appreciate the Board of Medicine's efforts in trying to craft administrative rules implementing HF 732. After careful consideration of the draft rules that were adopted during the Board's November 17, 2023, meeting, we would appreciate the Board's consideration of the comments below. These comments have been gathered from ACOG members in Iowa who have articulated concerns about their ability, as physicians, to comply with the proposed rules. Unfortunately, the comments and suggested edits do not represent meaningful substantive changes to the rules, as HF 732 is grounded in medical inaccuracies and profoundly interfere with the doctor-patient relationship. Physicians should not be tasked with interrogating a patient, as it is not within their scope of practice to investigate or judge the validity of a traumatic experience like sexual assault. Instead, it is essential to trust and support survivors when they seek essential health care. Our comments seek to make the rules easier for physicians to understand and, therefore, follow given the difficult position they are now in. Ultimately, legislative interference can have devastating effects on the delivery of care. These comments aim to implore the Board to respect the relationship between patient and physician and eliminate the burden of interpreting the law.

I. Amend section 13.17(2)(d):

The phrase "the pregnancy is the result of a rape" means a circumstance in which the pregnancy is the result of nonconsensual sexual conduct or conduct that would be a prosecutable offense under §§709.2, 709.3, 709.4, or 709.4A when perpetrated against a female.

The rule's existing code references are certainly justified for, perhaps, less common forms of rape. But physicians are not attorneys and asking them to determine whether sex acts would be "prosecutable" makes the rape analysis under the rules too difficult. It would be easier for physicians to simply use the commonly understood definition of rape—*nonconsensual sexual conduct*—to know whether the circumstance causing the pregnancy was a rape or not.

II. Amend section 13.17(4)(b) and (c) first and final paragraphs as follows:¹

b. A physician who intends to perform or induce an abortion in the case of incest must gather the following information from the woman pregnant person seeking an abortion, from the parent, guardian, caretaker, or such other person providing information on the pregnant person's behalf.

¹ For brevity's sake, these (4)(b) edits for incest and (4)(c) edits for rape are discussed together under Part II. Further below, however, the analysis will split between provisions of (4)(b) and (4)(c) where discussing their similar, but not identical provisions, may cause confusion.

A physician may also use information from or reported to a private health agency, a public health agency or a law enforcement agency to make the following determinations.

[. . .]

c. A physician who intends to perform or induce an abortion in the case of rape must gather the following information from the ~~woman~~ pregnant person seeking an abortion, from the parent, guardian, caretaker, or such other person providing information on the pregnant person's behalf. A physician may also use information from or reported to a private health agency, a public health agency or a law enforcement agency to make the following determinations.

We believe these changes are justified for the following reasons. The first recommended change reflects the fact that it is damaging to the clinician-patient relationship to require the health care provider to make a legal determination or be an arbiter of fact. Second, the term “woman” may wrongly indicate the person seeking an abortion may need to have reached the age of majority. “Pregnant person”, however, eliminates that concern. More importantly, the person seeking the abortion under these circumstances may be unwilling or unable² to speak. A pregnant person can be incapacitated. A minor may, for example, fully expect their parent to provide the physician with the necessary information and refuse to provide it herself. Finally, it’s logical to allow a physician to simply rely upon the information already disclosed to or provided by a health agency or law enforcement agency when making these determinations. As drafted, the rules seem to require redundant reporting by the pregnant person: once to a health agency or law enforcement agency and again to the physician. Reporting something as traumatic as a rape or an incest once should be enough. Physicians should, therefore, be able to rely upon information reported to or received from those entities in determining whether either fetal heartbeat exception applies.

The physician who intends to perform or induce an abortion may rely on ~~the~~ information from those people or sources provided under this subsection ~~as provided by the woman seeking the abortion~~ upon a good- faith belief that the people are being truthful or the sources are reliable ~~person is being truthful.~~ The physician who intends to perform or induce an abortion can but is not required to ask the pregnant person, guardian, caretaker, or such other person providing information on the pregnant person's behalf ~~woman~~ seeking the abortion to sign a certification form attesting that the information given she gave was true and accurate to the best of ~~her~~ their understanding.

This paragraph appears in (4)(b) and (4)(c) and both should be amended accordingly. As an initial matter, we believe it is damaging to the relationship of trust between a patient and physician to require an attestation or certification and would recommend removing that provision. The suggested change is also in conformance with that expressed above. But it’s also important to again note the importance of having sources of information beyond only the pregnant person herself available for the physician to rely on in the case of incest or rape. Minors are most commonly the victims of incest. It is unnecessarily prescriptive for the administrative rules to require physicians to use information from only the pregnant minor to justify the incest exception. It is also unnecessarily prescriptive for the administrative rules to require physicians to use information from only the pregnant minor to justify the rape exception. This change also makes it clearer that the initial reporting can be done to the physician that intends to perform or induce the abortion and makes clear those reports fall under the same required reporting window.

² <https://www.cnn.com/2019/01/09/us/arizona-woman-vegetative-state-gives-birth/index.html>

III. Amend section 13.17(4)(b).

b. ~~*A Did a sex act occurred between the pregnant person woman and another such that the pregnancy is the result of incest. closely related person, meaning, either legitimately or illegitimately, an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, or nephew, including a stepparent, stepchild, or stepsibling to include an adopted sibling?*~~

The “pregnant person” change is consistent with what’s been suggested above. Striking the potential sex act partners constituting incest and replacing it with “the pregnancy is the result of incest” is simply easier, given the rule would already define that phrase in the definitions subsection.

~~*On what date did the act occur?*~~

~~*Whether 145 or fewer days passed between the sex act and its initial reporting was to someone other than the physician who intends to perform or induce an abortion, on what date was the act reported to a law enforcement agency, public health agency, private health agency, or family physician or whether 145 or fewer days passed between the sex act and its reporting to the physician who intends to perform or induce an abortion.?*~~

As seen below with the rape exception, the rule should be more simply drafted by referencing HF 732’s 145-day reporting requirement and asking the physician to document whether the reporting of the incest occurred within that temporal window. It is unrealistic and outside of common medical practice, to request a physician retrieve and report—especially within medical records—the precise date “the sex act” occurred that led to the pregnancy. A minor, especially, may not know it. Their guardian or parent may not know it, either. It is also easy to imagine a scenario where incestuous sex acts occurred multiple times, and it is impossible to know which one generated the pregnancy. The proposed change does not cure these problems entirely, given the reporting window requirement. But it does make it easier for physicians to determine whether their performance of an abortion is valid under the law by providing an easier question to answer: was an/the incestuous sex act reported within 145 days of its occurrence? Requiring documentation within medical records the precise date of an incestuous act—especially for minor patients—could easily render the incest exception moot for some of the most vulnerable patients.

IV. Amend section 13.17(4)(c).

c. ~~*a=A physician who intends to perform or induce an abortion must gather the following information from the pregnant person woman seeking an abortion.*~~

The “pregnant person” change is consistent with what’s been suggested above.

~~*On what date did the sex act that caused the pregnancy occur?*~~

~~*What was the age of the woman seeking an abortion at the time of that sex act.?*~~

Gathering this information from the various sources would almost surely be redundant, as any patient would have provided their birthdate upon intake. In addition, the information provided by these questions could be easily deduced from the reporting requirement below. In addition, Iowa Code §709.4(1)(d) contemplates the rape victim could be “mentally incapacitated” when the rape was performed. Such a person or, indeed, others may not know the answers to these questions under that scenario or others contemplated by the code and the proposed rules.

Whether the pregnancy is the result of a rape. Did the sex act constitute a rape?

To make the rules easier to follow, it would be better to use a verbatim reference to the definition of “the pregnancy is the result of a rape” above, rather than use new words to answer the same question.

Was the rape perpetrated against the woman seeking an abortion?

This question appears unnecessary to ask, given the definition of “the pregnancy is the result of a rape” above.

Whether 45 or fewer days passed between the sex act and its ~~if~~ initial reporting ~~was to someone other than the physician who intends to perform or induce an abortion, on what date was the act reported to~~ a law enforcement agency, public health agency, private health agency, or family physician ~~or whether 45 or fewer days passed between the sex act and its reporting to the physician who intends to perform or induce an abortion.~~?

As seen below with the incest exception, the rule should be more simply drafted by referencing HF 732’s temporal reporting requirement and asking the physician to document whether the reporting of the incest occurred within that temporal window. It is unrealistic to request a physician retrieve and report—especially within medical records—the precise date “the sex act” occurred that led to the pregnancy. An incapacitated person may not know it. A minor, especially, may not know it. Their guardian or parent may not know it, either. It is also easy to imagine a scenario where incestuous sex acts occurred multiple times, and it is impossible to know which one generated the pregnancy. The proposed change does not cure these problems entirely, given the reporting window requirement. But it does make it easier for physicians to determine whether their performance of an abortion is valid under the law by providing an easier question to answer: was an/the rape reported within 45 days of its occurrence? As with incest victims, documenting within medical records the precise date of a rape—especially for minor patients—could easily render the exception moot for many.

Thank you for your thoughtful consideration of ACOG’s comments on this important rulemaking. Please correspond with Dane Schumann, ACOG’s Iowa representative, for further information or requests. His contact information is included with the email containing this letter.



Greco, Chrissy <chrissy.greco@iowa.gov>

Abortion ban

1 message

ams64@juno.com <ams64@juno.com>

Mon, Dec 18, 2023 at 11:30 PM

To: Chrissy.Greco@iowa.gov, ams64@juno.com

December 19, 2023

I implore you to do whatever is necessary/needed to make sure that NO ban on abortion is ever passed.

Thank you very much in advance for making sure that NO ban on abortion is ever passed.

Respectfully yours,

Alexander Mark Stavis



Greco, Chrissy <chrissy.greco@iowa.gov>

Comments on Iowa Board of Medicine NOIA rules for HF732

1 message

Andrea Greiner <andregreinermd@gmail.com>
To: "chrissy.greco@iowa.gov" <chrissy.greco@iowa.gov>

Wed, Dec 20, 2023 at 8:43 PM

Dear Ms. Greco,

As a practicing OBGYN physician in Iowa, I encourage the Iowa Board of Medicine to critically review the proposed Notice of Intended Action in response to [HF 732](#). A foundational value in OBGYN is to be an advocate for our patients across the reproductive lifespan, in moments of joy but more importantly in the setting of trauma such as rape, incest or the diagnosis of a fetal anomaly. HF732 and this Notice are not consistent with the values of OBGYN physicians.

The Notice includes wording that is medically inaccurate, unborn child and heartbeat, but that is unfortunately part of the bill as passed [see 13.17(2), 13.17(3)].

The Notice goes beyond what is outlined in HF732 and requires physicians to take on the role of an attorney or law enforcement officer. The Notice requires physicians to ask questions that are legal in nature and not standard medical practice [see 13.17(4)b and 13.17(4)c]. Neither these roles nor these questions are part of our education, training or expertise. The only information necessary for our medical practice is that the patient reports she is pregnant due to sexual assault or incest, and any relevant health history such as prior medical conditions, surgeries, obstetric and gynecologic history. There is NO medical reason a physician needs to ask any of the suggested questions in the Notice. The only date the physician needs is the first day of the patient's last menstrual period to estimate her gestational age. If the patient is a minor, mandatory reporting laws apply, and more details may be required.

To my knowledge, there is no other area of medicine where a physician is required to ask a patient to sign a form saying that her medical history is "true and accurate to the best of her understanding." (13.17(4)a(1)3) That is for the legal system to sort out. If a patient reports she is pregnant after rape or incest, the physician advocate believes her and does not need any additional information to provide necessary medical care. These questions outlined in the Notice and asking the patient to sign a certification may cause further trauma to the patient and are contrary to a therapeutic relationship between the patient and her physician.

Requiring additional certification paperwork for fetal abnormalities is unnecessary and adds more tasks to the physician's heavy workload [see 13.17(4)d]. This certification does nothing to enhance patient care and adds another barrier to the provision of appropriate medical care. The medical record should stand alone.

The Board of Medicine was tasked with discipline regarding these requirements. I disagree with any disciplinary actions against physicians who are providing standard reproductive healthcare. There are no details in this Notice on what possible disciplinary measures could be levied against a physician (see 13.17(5)). I encourage the Board of Medicine to be more transparent in this regard.

And lastly and most importantly, this Notice and the rules if enacted, are going to make it less likely for OBGYN physicians to stay in Iowa and make it more difficult, if not impossible, to recruit skilled physicians to replace them. Iowa ranks at the very bottom for number of OBGYN physicians per women of childbearing age, fifty out of fifty, according to the American College of Obstetricians & Gynecologists. As a fellow physician, I beg you to do your part to make Iowa a welcome place for OBGYN physicians and not more hostile due to this Notice and enacting the rules it outlines.

Sincerely,

Andrea Greiner, MD
North Liberty, IA



Greco, Chrissy <chrissy.greco@iowa.gov>

Choice

1 message

Barbara Labosky <blabosky@yahoo.com>
Reply-To: Barbara Labosky <blabosky@yahoo.com>
To: "Chrissy.Greco@iowa.gov" <Chrissy.Greco@iowa.gov>

Mon, Dec 18, 2023 at 5:14 PM

Abortion is health care. Women deserve to decide how best to care for their own bodies. If you are opposed to universal health care, child care, education and food support you are pro-birth NOT pro-life.

[Sent from Yahoo Mail on Android](#)



Greco, Chrissy <chrissy.greco@iowa.gov>

Protect Abortion Rights in Iowa

1 message

Cindy Smith <cmshfs@icloud.com>
To: Chrissy.Greco@iowa.gov

Sun, Dec 24, 2023 at 8:52 AM

The only change should be for politicians to quit trying to be medical professionals which they are not!

It is absurd that abortion rights are being taken away. Shame on the Supreme Court which is full of deplorable Trumpers.

Keep Iowa abortion safe for women.

IOWA BOARD OF MEDICINE

I am Cyril Mandelbaum and wish to share my pregnancy story with you.

The year is 1974 , after the Roe v. Wade decision in 1972. I am a very excited expectant mother in the fifth month of my pregnancy. My OB/GYN has recently acquired a doppler to listen to the baby's heartbeat. The nurse puts the doppler on my stomach and she cannot get a heartbeat. The doctor is immediately summoned and confirms my worst nightmare – the fetus is dead.

I was told by my doctor that taking the fetus would jeopardize my health and that I would have to wait until I went into labor to deliver the dead fetus. For three weeks I carried a dead baby, a tramatic experience I will never forget.

I am asking the Board of Medicine to make an exception for dead fetuses and to protect the doctors from prosecution. Knowing what I know today, I realize I could have died from sepsis. I believe the doctor was afraid to induce me or perform an abortion because of what it

might have done to his career. No other woman should have to
undergo the ordeal I was forced to endure.

This is not a Republican or Democratic issue, this is not a liberal or
conservative issue, this is a humanitarian issue. Please make this
exception.

Board of Medicine's public hearing on abortion ban

1 message

training@dsalz.com <training@dsalz.com>
To: Chrissy.greco@iowa.gov

Thu, Dec 28, 2023 at 9:46 PM

Good Evening Chrissy-

I hope this email finds you well. Regarding the Board of Medicine's coming public hearing for the proposed rules for enforcing Gov. Kim Reynolds' and Iowa Republican legislators' abortion ban, I find that no rules can ever adequately address the spectrum of pregnancy emergencies that could occur nor could they make up for stripping any person of the private reproductive health care decisions that we all are entitled to make for ourselves and our families. I ask that you please consider the restricting hold these laws and rules have towards the current generations of women along with the repercussions that will extremely affect and entirely limit our future generations.

Thank you ~

Debra Steenblock

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Greco, Chrissy <chrissy.greco@iowa.gov>

Reproductive Freedom - Proposed Rule 653 13.17 – ARC7170C

1 message

DENISE CHEVALIER <DACHEVALIER@msn.com>
To: "chrissy.greco@iowa.gov" <chrissy.greco@iowa.gov>

Tue, Jan 2, 2024 at 2:36 PM

To the Iowa Board of Medicine:

Dear Ms. Greco,

Please accept my written views regarding the State's request to "confirm that the appropriate standard to review laws that protect unborn human life is rational basis. It should explicitly adopt this test, uphold the Fetal Heartbeat Statute, dissolve the district court's injunction, and render judgment for the State". directing the Iowa Board of Medicine to adopt rules related to the new abortion restrictions and exceptions.

A Polk County District Court has blocked enforcement of all the law's provisions, except the section directing the Iowa Board of Medicine to adopt rules related to the new abortion restrictions and exceptions. Unfortunately, the draft of rules reviewed by the Board of Medicine November 17, 2023 follows closely the 'intent' of House File 732, which was written without a sincere regard for 'standard medical practice'. Rather it was written to support the narrow religious views concerning abortion. The statute rules as written should be entitled 'nonstandard medical practices that should be avoided'.

As Mark Twain said, "It is never wrong to do the right thing." Please, Iowa Board of Medicine, resist the political machinations that purport to support life but that in reality will wreak havoc with the practice of sound reproductive care.

Thank you,

Denise Chevalier

Iowa City

Proposed Rules on Chapter 13, “Standards of Practice and Principles of Medical Ethics,” Iowa Administrative Code.

1 message

Diane Duncan-Goldsmith <ddgoldsmith.icia@gmail.com>
To: chrissy.greco@iowa.gov

Fri, Dec 15, 2023 at 6:12 PM

Dear Ms. Greco,

Listed below are my comments regarding proposed rules on Chapter 13 in the Iowa Administrative Code. Also attached is a Word document of the comments.

Can you also tell me where comments being made can be found.

Thank you,

Diane M. Duncan-Goldsmith

I am submitting comments regarding the proposed rulemaking related to standards of practice for physicians who perform or induce abortions which would amend Chapter 13, “Standards of Practice and Principles of Medical Ethics,” Iowa Administrative Code.

The proposed rules state there would be no fiscal impact to the state. In July, shortly after Governor Reynolds again signed into law an almost total abortion ban, the ban was immediately challenged in court. I believe with any court challenge or law suite there are costs involved in defending or prosecuting the case. I think this means there have already been fiscal impacts to the state.

The proposed rules state there will be no impact on jobs. In November 2023, a group of 103 physicians wrote a guest column called *Abortion Ban Rules Will Harm Trust and Health Care*. Their guest column outlined the numerous ways the proposed rules developed by the Iowa Board of Medicine will prevent physicians from providing the best and highest standards of care for their patients. Rules which if implemented as written will essentially turn physicians into police officers and lawyers. Physicians would need to investigate whether or not a patient is seeking an abortion due to a pregnancy resulting from rape or incest and gather detailed information from the patient about her attack. This information has absolutely nothing to do with providing quality medical care.

It was reported House File 732 will put the University of Iowa at risk for keeping the state’s only obstetrics and gynecological residency program accredited. A recent report by the March of Dimes found a third of Iowa’s 99 counties are maternity care deserts, meaning they have no OB/GYNs and no birthing hospitals or birthing centers. The many requirements listed in the proposed rules will certainly give any doctor pause before deciding to come to Iowa to practice or remain in Iowa as an OB/GYN doctor further adding to a decline in medical care for Iowa women.

The proposal also states the following: *Failure to comply with this rule or the requirements of Iowa Code chapter 146E as enacted by 2023 Iowa Acts, House File 732, may constitute grounds for discipline.* However, nowhere in the proposal does it explain what disciplinary action(s) might be taken against a physician who is found to have violated any of the rules or requirements. Why is disciplinary action not specified and explained?

--

Diane Duncan-Goldsmith
ddgoldsmith.icia@gmail.com
319-594-2151 (c)



Proposed Rule Change - Abortion Ban.docx
16K

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Proposed RuleMaking regarding abortion

1 message

Elizabeth Baker <bakeregrace@gmail.com>
To: chrissy.greco@iowa.gov

Tue, Jan 2, 2024 at 9:00 AM

To the Board of Medicine,

As a physician who doesn't currently perform abortions at my hospital but very much counsels my patients on their options and provides appropriate referrals for choice, limiting access to abortion in the state of Iowa will devastate the medical landscape.

Abortion is healthcare. It is a component of full scope gynecologic care. I chose to do my training in Massachusetts specifically to become trained in abortion care with training to include gestational ages not offered in many states. I did this not only to provide abortion care but also to provide patients with fetal demise options for surgical management. These are surgical skills I believe every gynecologist should have due to the higher risk of complications for 2nd trimester induction over dilation and evacuation. But I believe that with or without fetal cardiac activity, women have sovereignty over their own bodies. Pregnancy is not risk free. It can actually become a life threatening condition at any point in the pregnancy or postpartum period even for otherwise healthy pregnancies. Women in this country die from pregnancy and postpartum conditions at a shockingly high rate. And until legislators are standing bedside as I tell someone that that lost their fertility due to a postpartum hemorrhage or lost their wife/mother/daughter due to pre-eclampsia, stroke, postpartum hemorrhage, or uterine rupture, they will never understand the tragic loss. The loss risk still exists for people who chose to continue their pregnancies, but how additionally devastating if it was an undesired pregnancy. Adoption isn't a substitute for abortion. Adoption doesn't remove the medical risk of the pregnancy.

And even without severe morbidity or mortality, pregnancy forever changes a woman's body and can leave life long impacts.

I do not want to practice medicine in a state where I can't opening access appropriate care for my patients. I've always made the argument that I wanted to return to my Midwest roots to raise my family. I was raised in Wisconsin and came to Iowa as Cedar Falls reminded me of my home town. The argument is always that we as gynecologists should stay and fight for our patients and we should stay and provide care for those with no options. But who stands up for us? Who protects us when the decision is abortion or maternal death? How close to dying is sufficient for it to be life threatening? Is life altering enough? I owe it to myself to practice medicine in a state where I can provide appropriate safe medical care for my patients. If the board of medicine places restrictions that in anyway stand between me and my patients, I have no choice but to begin planning to leave the state to practice in a state that cares about my patients and their right to access appropriate and timely medical care. And if they argument is that people could leave the state for care, then you haven't met the majority of my patients for whom even transportation an hour away for high risk OB consults is impossible. And in an emergency, decisions aren't made during business hours with time to consult an attorney or the board. My maternal patients life is worth everything to me. Iowans deserve choice. And physicians deserve to be protected from legislative interference in our exam rooms.

Iowa has the fewest OB/Gyns per capita in the country at this time. There are openings for OB/Gyns across the state. More than are possible to fill. We will be unable to recruit additional ob/gyn physicians to the state and risk an exodus. We are going to see more labor and delivery units close and increases in maternal morbidity and mortality.

In the mean time, while we wait, I cry with my teenage daughter about the possibility of loss of rights. Practicing gynecology is not safe if there is not adequate timely access to abortion for any patient facing a pregnancy. For my daughter, for her friends, and for the thought of leaving behind my patients for the right to practice medicine safely, I passionately plea that the board of medicine enacts rule making to protect physicians and their patients from legislators. Please keep politics out of my exam room.

Dr Baker

Sent from my iPhone



January 2, 2024

Via Email: chrissy.greco@iowa.gov

Chrissy Greco

Iowa Board of Medicine

6200 Park Ave., Suite 100

Des Moines, IA 50321

Re: Proposed Rule ARC7170C to implement 2023 House File 732, which bans abortion for the vast majority of patients in Iowa

Dear Ms. Greco:

I, Sarah A. Traxler, M.D., submit these comments to the Board of Medicine's proposed regulations at 653 Iowa Admin. Code Chapter 13.17 (135L, 146A, 146E, 147, 148, 272C), published at ARC 7170C (the "Proposed Rule"). The Proposed Rule implements 2023 Iowa Acts, House File 732 (the "Six-Week Ban"), which prohibits physicians from providing abortions to their patients upon the detection of embryonic or fetal cardiac activity, which occurs at approximately six weeks of gestational age as measured from the first day of the last menstrual period ("LMP"), before many people know they are pregnant.

I am a board-certified obstetrician and gynecologist licensed to practice medicine in Iowa. Since 2019, I have been the Medical Director for Planned Parenthood of the Heartland ("PPH"), which provides sexual and reproductive health care—including annual gynecological exams, cancer screenings, sexually transmitted infection testing and treatment, a range of birth control options, gender-affirming care, and medication and procedural abortions—to thousands of Iowans each year. PPH is one of only two health care providers that provide in-clinic abortions in Iowa. As Medical Director of PPH, I oversee all medical services provided by PPH, including its abortion services. I provide both medication and procedural abortions in Iowa. I am also an adjunct assistant professor at the University of Minnesota's Medical School and was previously an instructor in Obstetrics and Gynecology at the University of Pennsylvania School of Medicine. I am a fellow and member of the American College of Obstetricians and Gynecologists and a member of the American Medical Association, the Society of Family Planning, and Physicians for Reproductive Health.

I am part of a lawsuit challenging the constitutionality of the Six-Week Ban. I maintain that the restrictions set forth in the Six-Week Ban, and by extension, these rules, do not merely unduly burden patients' ability to access abortion, but rather place a total obstacle in the path of patients seeking abortions. They also interfere with the physician-patient relationship. I make the following comments to the rules without waiving my objections to the Six-Week Ban itself—it

continues to be my view that the Ban is unconstitutional—but rather to point out how in some cases, as set forth below, the Proposed Rule exacerbates the harms caused by the Ban.

I. The provisions of the Proposed Rule dealing with rape and incest would exacerbate the harms the Six-Week Ban would cause for survivors of rape and incest seeking abortions.

Definition of “The Pregnancy is a Result of a Rape” Proposed at 653 Admin. Code 13.17(2)

For patients seeking abortions under the Six-Week Ban’s exception for pregnancies that result from rape, HF 732 § 1(3)(a), the Proposed Rule requires the provider to assess whether the sex act constituted rape, but the definition of rape relies on whether the act is “prosecutable” under particular sections of the Code. Health care providers do not have the education, training, experience, or expertise to assess what conduct is “prosecutable.” As a result, health care providers will be unable to provide care to their patients experiencing the trauma of sexual assault with certainty that they will not face license revocation or civil penalties as a result. And to the extent that health care providers consult with counsel or with law enforcement to make that assessment, it is not clear that law enforcement would or could make that assessment on the same day. The Board should remove references to “prosecutable” conduct from the definition of “rape” in the Proposed Rule.

Definition of “The Pregnancy is a Result of Incest” Proposed at 653 Admin. Code 13.17(2)

The Proposed Rule defines incest as a sex act between “closely related persons,” which it defines as persons “related, either legitimately or illegitimately, as an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, or nephew,” specifying that this includes “a stepparent, stepchild, or stepsibling, including siblings through adoption.” This does not include cousins, foster parents, or foster siblings, and it is unclear whether it includes adoptive parents or siblings. Based on my experience treating survivors of sexual assault and incest, this definition is much too narrow and could prevent survivors of sexual abuse from accessing care.

Provisions Regarding Reporting Rape and Incest Proposed at 653 Admin. Code 13.17(4)(a)

The Six-Week Ban seems to permit an abortion only if the pregnancy resulted from rape or incest *and* the patient reports the rape or incest within 45 days for rape and 140 days for incest, HF 732 § 1(3)(a), (b). It provides no reason for this discrepancy. Reporting sexual assault, even to a health care provider, can be retraumatizing for many survivors. The 45-day cutoff will prevent rape survivors from accessing health care, possibly even forcing them to carry a pregnancy to term and deliver their rapist’s child. Further, many victims of rape or incest are also in a consensual sexual relationship with another person, and it may be functionally impossible to determine whether the pregnancy resulted from rape or incest or from consensual sex. And many victims of rape or incest are minors; forcing minors to comply with this reporting requirement would be unrealistic and cruel.

The Proposed Rule requires patients to give the precise date of a sex act. This would impede care because survivors may not remember precise details about an event. In some cases, they may have survived multiple assaults and may therefore be unable to identify the specific assault that resulted in the pregnancy.

The Proposed Rule allows providers to require survivors of rape or incest to sign a certification form “attesting that the information she gave was true and accurate to the best of her understanding.” This would have a chilling effect on survivors, particularly those who are dependent on or live with their abusers, who may be reluctant to sign an attestation that could make it to law enforcement authorities, which could jeopardize their own safety.

II. The provision of the Proposed Rule dealing with how to perform a transabdominal ultrasound is not in line with medical practice.

The Proposed Rule specifies how a provider must perform the transabdominal ultrasound to detect cardiac activity, including that “[a]t minimum, the ultrasound shall examine the full region of the woman’s body between the chest and pelvis, including the side flanks between the rib cage and hips.” At early stages of pregnancy, the uterus is very low in the abdomen, right above the pelvic girdle. Physicians using a transabdominal ultrasound to detect a pregnancy would never examine the “full region of the woman’s body between the chest and pelvis.” See William A. Lee; Grant Nelson; Scott P. Grogan, StatPearls, *Sonography 1st Trimester Assessment, Protocols, and Interpretation*, <https://www.ncbi.nlm.nih.gov/books/NBK573070/> (last accessed Dec. 19, 2023) (stating that ultrasound gel should be applied “inferior to the umbilicus and superior to the pubic bone” and describing the portions of the pelvis over which the ultrasound transducer should be placed during a transabdominal ultrasound). I ask the Board to remove this language from the Proposed Rule.

Although nothing in the Proposed Rule could cure the constitutional defects in the Six-Week Ban, I urge the Board of Medicine to make the changes in the Proposed Rule described above in order to avoid exacerbating the harm to survivors of rape and incest caused by the Six-Week Ban and to bring the requirements for the transabdominal ultrasound in line with the medical standard of care.

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah A. Traxlet", with the letters "MD, MSHP, FACOG" written in smaller text to the right of the signature.

Sarah A. Traxlet, MD, MSHP, FACOG



Greco, Chrissy <chrissy.greco@iowa.gov>

legislative banned abortion after 6 weeks

1 message

Dyann Roby <dyannroby@gmail.com>

Sat, Dec 30, 2023 at 5:49 PM

To: chrissy.greco@iowa.gov

Cc: mike.klimesh@legis.iowa.gov, nate.boulton@legis.iowa.gov, waylon.brown@legis.iowa.gov, megan.jones@legis.iowa.gov, rick.olson@legis.iowa.gov, amy.nielsen@legis.iowa.gov, mike.sexton@legis.iowa.gov, david.young@legis.iowa.gov

House and Senate members:

Abortion choice and rights do not belong in the political arena. If you want to stop abortion, castrate the sperm donor. Why is the male gender never held accountable? Allow the female to make her own choice using the physician she chooses. Perhaps one of the reasons Iowa is challenged to get doctors is because the political agenda is trying to control regulations. I am an independent, strong female who has had to fight for my gender my entire career. I speak from experience.

Respectfully,

Dyann Roby
563.299.1700
dyannroby@gmail.com



Greco, Chrissy <chrissy.greco@iowa.gov>

Support Proposed Rules: 2023 Iowa Acts, House File 732

1 message

Ed Kordick <teamm@windstream.net>
To: Chrissy.Greco@iowa.gov

Tue, Dec 26, 2023 at 4:28 PM

Thank you for the opportunity to comment on the proposed rules for 2023 Iowa Acts, House File 732.

I find the rules very reasonable to implement the State's Heartbeat Law which protects unborn human life once a doctor can detect a baby's heartbeat.

If a mother's life is threatened by her pregnancy at the point after the fetus is viable, then abortion should never be necessary. In fact, abortion may be even more dangerous for the mother, since it's faster to deliver the child through a Cesarean birth rather than taking the time (greater than a day) to prepare for the abortion.

When a mother's life is in danger during early pregnancy and when there is no chance a child could live outside the womb, there is wide agreement that it is permissible for doctors to perform a life-saving operation on the mother even if it may indirectly result in the baby's death. Harm to the child is not intended or done directly in this case. Rather it is an unwanted side effect of the treatment to save the mother. The most common example of this type of case is an ectopic pregnancy.

Note that even back in 1960, a Planned Parenthood leader admitted that "it is hardly ever necessary today to consider the life of a mother as threatened by a pregnancy". Just think of the advances decades later than that statement that provides even more ways to protect the life and health of both the mother and the child.

Therefore, the proposed rules do adequately address the concerns of healthcare decisions for the mother.

Thank you,
Ed Kordick
West Des Moines, Iowa

NOIA Proposed 146E Rules

1 message

hakan.duran <hakan.duran@duranonline.net>
To: chrissy.greco@iowa.gov

Tue, Dec 26, 2023 at 9:15 AM

Dear Madam/Sir,

I am a practicing Reproductive Endocrinologist at University of Iowa. I am appalled by Iowa Board of Medicine's intended action which chooses following the legal authority blindly as opposed to keeping patient interest as a priority. The intended action attached essentially means enforcing a ban on abortions with a few exceptions after the fetal heartbeat is observed. As healthcare providers, we have patients from different backgrounds, cultures, languages and belief systems. Enforcing such a ban on abortions essentially means taking a side on one belief system over others, imposing it to patients with very different backgrounds. No human being should have the right to do so, especially politicians. Humanity's recent history contains tragic examples of people of science blindly following legal authority and the atrocities this has caused. By taking this action, Iowa Board of Medicine would no longer be representing all of its healthcare providers, and would not have the patient's best interest in their decision. I urge you to withdraw this action and prevent the damage it would cause.

Respectfully,

Eyup Hakan Duran, MD

2 attachments

 **signature.asc**
1K

 **NOIA Proposed 146E Rules.pdf**
105K

Proposed Notice of Intended Action

The following proposed Noticed of Intended Action are in response to [HF 732](#), Prohibiting and Requiring Certain Actions Relating to Abortion Involving the Detection of a Fetal Heartbeat. This legislation directed the Board of Medicine to adopt rules to administer this statute.

The proposed rulemaking actions are to adopt new rule 653-13.17:

653-13.17 (135L, 146A, 146E, 147, 148, 272C) Standards of practice for physicians who perform or induce abortions – definitions – detection of fetal heartbeat – fetal heartbeat exceptions – discipline.

13.17(1): This section sets forth the standards of practice for physicians who perform or induce abortions. *See* Iowa Code section 146E.2(5).

13.17(2): *Definitions.* As used in this section or in Iowa Code section 146E:

a. “*Private health agency*” means any establishment, facility, organization, or other entity that is not owned by a federal, state, or local government that either is a health care provider or employs or provides the services of a health care provider. Establishments, facilities, organizations, or other entities that are health care providers include the following:

1. a hospital as defined in Iowa Code section 135B.1;
2. a health care facility as defined in Iowa Code section 135C.1;
3. a health facility as defined in Iowa Code section 135P.1; or
4. other similar entities that either are or employ or provide the services of a health care provider.

b. “*Public health agency*” means any establishment; facility; organization; administrative division; or entity that is owned by a federal, state, or local government that either is a health care provider or employs or provides the services of a health care provider. Establishments, facilities, organizations, administrative divisions, or other entities that are health care providers include the following:

1. a hospital as defined in Iowa Code section 135B.1;

2. a health care facility as defined in Iowa Code section 135C.1;
3. a health facility as defined in Iowa Code section 135P.1; or
4. other similar entities that either are or employ or provide the services of a health care provider.

c. The phrase “*the pregnancy is the result of incest*” means a circumstance in which a sex act occurs between closely related persons that involves a vaginal penetration that causes a pregnancy. The closely related persons must be related, either legitimately or illegitimately, as an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, or nephew. For purposes of this rule, a closely related person includes a stepparent, stepchild, or stepsibling, including siblings through adoption.

d. The phrase “*the pregnancy is the result of a rape*” means a circumstance in which the pregnancy is the result of conduct that would be a prosecutable offense under §§ 709.2, 709.3, 709.4, or 709.4A, when perpetrated against a female.

e. “*Standard medical practice*” means the degree of skill, care, and diligence that a physician of the same medical specialty would employ in like circumstances. As applied to the method used to determine the presence of a fetal heartbeat for purposes of Iowa Code section 146E and this section, “standard medical practice” includes employing the appropriate means of detection depending on the estimated gestational age of the unborn child and the condition of the woman and her pregnancy.

13.17(3): *Detection of fetal heartbeat.* A physician who intends to perform or induce an abortion must determine via abdominal ultrasound whether the woman is carrying an unborn child with a detectable fetal heartbeat.

a. *Obligation.* The obligation under this section requires a bona fide effort to detect a fetal heartbeat in the unborn child. This effort must be made in good faith and according to standard medical practice and reasonable medical judgment.

b. *Method.* Consistent with standard medical practice and reasonable medical judgment, the physician shall perform an exterior abdominal ultrasound on the woman to determine whether the unborn child has a detectable fetal heartbeat. This shall be performed with real-time

ultrasound equipment with a transducer of appropriate frequency. The equipment must be properly maintained and in proper functioning order. At minimum, the ultrasound shall examine the full region of the woman's body between the chest and pelvis, including the side flanks between the rib cage and hips.

13.17(4): *Fetal heartbeat exceptions.* The following applies to a physician who intends to perform or induce an abortion under a fetal heartbeat exception as defined in Iowa Code section 146E and this section:

a. For purposes of this rule, a pregnancy resulting from incest or rape may be reported within the appropriate timeframe to a licensed physician whose services are retained for an abortion procedure.

b. To determine whether a pregnancy is the result of incest, a physician who intends to perform or induce an abortion must gather the following information from the woman seeking an abortion:

Did a sex act occur between the woman and a closely related person, meaning, either legitimately or illegitimately, an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, or nephew, including a stepparent, stepchild, or stepsibling to include an adopted sibling?

On what date did the act occur?

If initial reporting was to someone other than the physician who intends to perform or induce an abortion, on what date was the act reported to a law enforcement agency, public health agency, private health agency, or family physician?

The physician who intends to perform or induce an abortion shall use this information to determine whether the fetal heartbeat exception for incest applies. This information shall be documented in the woman's medical records.

The physician who intends to perform or induce an abortion may rely on the information provided by the woman seeking the abortion upon a good-faith assessment that the woman is being truthful. The physician who intends to perform or induce an abortion may require the woman seeking the abortion to sign a certification form attesting that the information she gave was true and accurate to the best of her understanding.

c. To determine whether a pregnancy is the result of rape, a physician who intends to perform or induce an abortion must gather the following information from the woman seeking an abortion:

On what date did the sex act that caused the pregnancy occur?

What was the age of the woman seeking an abortion at the time of that sex act?

Did the sex act constitute a rape?

Was the rape perpetrated against the woman seeking an abortion?

If initial reporting was to someone other than the physician who intends to perform or induce an abortion, the date the rape was reported to a law enforcement agency, public health agency, private health agency, or family physician?

The physician who intends to perform or induce an abortion shall use this information to determine whether the fetal heartbeat exception for rape applies. This information shall be documented in the woman's medical records.

The physician who intends to perform or induce an abortion may rely on the information as provided by the woman seeking the abortion upon a good-faith assessment that the person is being truthful. The physician who intends to perform or induce an abortion may require the woman seeking the abortion to sign a certification form attesting that the information she gave was true and accurate to the best of her understanding.

d. A certification from an attending physician that a fetus has a fetal abnormality that in the attending physician's reasonable medical judgment is incompatible with life must contain the following information:

The diagnosis of the abnormality;

The basis for the diagnosis, including the tests and procedures performed, the results of those tests and procedures, and why those results support the diagnosis; and

A description of why the abnormality is incompatible with life.

The diagnosis and the attending physician's conclusion must be reached in good faith following a bona fide effort, consistent with standard medical practice and reasonable medical judgment, to determine the health of the fetus. The certification must be signed by the attending physician. A physician who intends to perform or induce an abortion may rely in good faith on a certification from an attending physician if the physician who intends to perform or induce an abortion has a copy of the certification. The certification

must be included by the physician who intends to perform or induce an abortion in the woman's medical records.

13.17(5): *Discipline.* Failure to comply with this rule or the requirements of Iowa Code section 146E may constitute grounds for discipline.



Greco, Chrissy <chrissy.greco@iowa.gov>

Board of Medicine Abortion Ban Public Hearing

1 message

Schaack, Fiona E <fschaack@iastate.edu>
To: "chrissy.greco@iowa.gov" <chrissy.greco@iowa.gov>

Mon, Jan 1, 2024 at 10:01 PM

No set of rules will ever adequately address the spectrum of pregnancy emergencies or private reproductive health decisions we are entitled to make for ourselves.

Stated- "reported within appropriate time frame of event." What is the definition of an 'appropriate' time, any definition or brackets for such a topic is unjust. Any time frame is valid and should be met with the same empathy and treatment options.

State- Physician will... "use this information to determine if the fetal heartbeat exception for rape applies." This person was RAPED. They have already been violated, assaulted and carry mental and physical trauma from the event. And now the doctor gets to 'decide' if this person will be forced to go through with a pregnancy and birth. That is not acceptable. The person should be able to 100% choose for themselves as they were the ones to go through the horrific experience that will already affect them for the rest of their lives.

Included- One of the largest paragraphs states in great detail how the physician should go about the ultrasound in order to be sure of a fetal heartbeat, and then states that if the heartbeat is detected, the abortion won't be allowed. Legislatures put so much effort and thought and words into how the ultrasound should be performed instead of putting effort and empathy and words into preserving the life of the person pregnant, the person who will suffer if the abortion is not performed, the person who will have to abide to the states laws which incarcerate free will and liberty. Nowhere is the word "girl"—i.e. a minor—mentioned or the protecting or saving the lives of Iowan women.

You say you want less state control over your free will, yet you create state laws such as this to decrease the free will of over half the population.

Thank you,

FIONA E. SCHAACK
Iowa State University
Aerospace Engineering
Air Force ROTC, Det. 250 C/4c
fschaack@iastate.edu



Greco, Chrissy <chrissy.greco@iowa.gov>

Public Hearing on abortion ban

1 message

Gail Weitz <gweitz1630@gmail.com>

Wed, Jan 3, 2024 at 8:51 AM

To: chrissy.greco@iowa.gov

I am a 75 year old retired BSN RN who worked in Emergency Rooms in underserved areas across the United States. Why? Because I know how poor and working poor people are treated in this country where there is a lack of advocates. I have assisted women who were actively aborting/hemorrhaging, women experiencing a tubal pregnancy, women giving birth and women who were raped. They were all supported and treated with respect, not with suspicion and interrogated as if they were criminals. Any law that is passed on this issue will not stop abortion access; it will only force those who can afford it to travel outside Iowa or to a "friendly" physician to perform a dilation and curettage to remove "abnormal tissue." Poor women will return to back alley providers. Abortion is a private decision and I support a woman's right to choose what is best for her own mental and physical health. You should too. Thank you for your time.

Sent from my iPad



Greco, Chrissy <chrissy.greco@iowa.gov>

Public comments on the proposed rules for Iowa abortion ban

1 message

Gordie Felger <gofelger@netscape.net>

Tue, Dec 19, 2023 at 12:34 PM

To: "Chrissy.Greco@iowa.gov" <chrissy.greco@iowa.gov>

Ms. Greco,

The Kate Cox case in Texas shows us that so-called "exceptions" to abortion bans don't work and aren't designed to work. If an Iowan who sues for abortion healthcare access wins in the Iowa Supreme Court, Brenna Bird will either try to overturn the verdict, prosecute anyone who helps her get an out-of-state abortion, or both. Last I heard, Kate Cox has not returned to her home and is in hiding. Is this the fate we want for Iowans? To be hunted for seeking life-saving care?

This whole overturning of Roe is a debacle. Lawmakers think they're doing such noble work when what they're really doing is putting people in danger when they are at their most vulnerable.

And what even is the point of holding a public hearing? We already know that Iowa Republicans and Gov. Reynolds are deaf to any pleas from those whom they end up hurting. Public hearings and public comments are just a useless part of the dog-and-pony show.

That's all.
Gordie Felger
Hiawatha
he/him/his



Greco, Chrissy <chrissy.greco@iowa.gov>

Extreme Abortion Ban

1 message

Heather Humberg <heatherhumberg@gmail.com>
To: "chrissy.greco@iowa.gov" <chrissy.greco@iowa.gov>

Thu, Jan 4, 2024 at 9:48 AM

The people of Iowa have spoken time and time again, yet no one seems to be listening. Iowans do not want an extreme abortion ban! Why can't Kimmie seem to get this through her head? Why can't our representatives do the same?

Yes, they stupidly voted Kimmie in as gov again, but polls show that most Iowans do not want this length of reach into our lives. Women in Iowa will die, just as women in Texas have died for having no medical autonomy. Why will you not take care of the kids who need free lunches over the summer, but still proceed with this? It's as if the Republicans don't care about a baby once it's born, at all. Cuts to WIC, SNAP, Medicaid. Keep your paws off my uterus!!

Heather Humberg

January 2, 2023

Chrissy Greco
Iowa Board of Medicine
6200 Park Ave, Suite 100
Des Moines, IA 50321

RE: ARC 7170C, Notice of Intended Action; New Rule 653-13.17, Implementing HF 732

Dear Ms. Greco,

This letter is on behalf of the Iowa Medical Society in response to the Iowa Board of Medicine's intent to adopt administrative rules. While there are a number of areas within the draft rules which present concern for their impact on Iowa providers and patients, we recognize the Board's responsibility to adopt rules to administer the law as passed. Our comments on the proposed administrative rules are restricted to those areas which we feel would provide greatest clarity and capacity for Iowa physicians to understand and act within the provision(s) of the rules. We do not believe that these recommendations constitute significant changes to the intent of these rules and rather mitigate potential confusion of the law. Our comments with brief rationale are provided below, outlined by section.

Proposed Amendments

13.17(2): *Definitions*

d. The phrase “*the pregnancy is the result of a rape*” means a circumstance in which the pregnancy is the result of **non-consensual sexual act and/or** conduct that would be a prosecutable offense under §§ 709.2, 709.3, 709.4, or 709.4A, when perpetrated against a female.

Rationale: *Provides simplified definition and clarity for medical providers for compliance, mitigates potential interpretation that medical provider must act as investigators and determine degree or if act was “prosecutable” – a function of legal professionals not medical professionals.*

13.17(3): *Detection of fetal heartbeat.* A physician who intends to perform or induce an abortion must determine via abdominal ultrasound whether the woman is carrying an unborn child with a detectable fetal heartbeat, **clinically termed as “cardiac activity”**.

Rationale: Acknowledges the accepted clinical terminology, which is pertinent to guide medical professionals.

13.17(4): *Fetal heartbeat exceptions.*

Summary of recommendations applicable to both exception sections:

- Replace requirement to “gather” with “attest”
- Replace “woman” with “person” and include language to include parent, guardian, or caretaker to provide information on person’s behalf.
- Eliminate documentation of specific sex act dates with attestation that act occurred within the required timeframe for reporting (140 days for incest; 45 days for rape).
- Elimination of the signed certification form clause.

13.17(4)b. To determine whether a pregnancy is the result of incest, a physician who intends to perform or induce an abortion must ~~gather~~ **attest to** the following information **as provided by from the woman person** seeking an abortion **and/or parent, guardian or caretaker providing information on the person’s behalf:**

~~Did A sex act occur~~ **red** between the ~~woman person~~ and a closely related person, meaning, either legitimately or illegitimately, an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, or nephew, including a stepparent, stepchild, or stepsibling to include an adopted sibling?~~–~~

~~On what date did the act occur?~~ **The act occurred within 140 days of reporting.**

~~If initial reporting was to someone other than the physician who intends to perform or induce an abortion, on what date was the act reported to a law enforcement agency, public health agency, private health agency, or family physician?~~

The physician who intends to perform or induce an abortion shall use this information to determine whether the fetal heartbeat exception for incest applies. **A physician may also use information initially reported to and provided by a private or public health agency or a law enforcement agency to make such determination.** ~~This information~~ **The attestation** shall be documented in the **person’s woman’s** medical records.

Rationale: *Obtaining of history of present illness (HPI) information is standard practice in medical practice. Attestation by the physician that the stipulated information was obtained would comply with the requirement to document necessary information to determine that exception for incest applies and ensures specific requirements for exception, as outlined in HF 732, such as 140-day reporting period for incest, are explicit. Attestation also allows for information obtained by/through other allowable entities outlined within the law, such as law enforcement or public or private health agency which may include a family physician, in determination of exception by the physician who intends to perform or induce an abortion.*

Use of person vs woman would adequately encompass minors/children who may fall under this exception; inclusion of parent, guardian or caretaker recognizes vulnerable individuals, such as minors and dependent adults, who may not be able to adequately speak for themselves and

appropriately require support from guardians and caretakers. This language also encompasses support for individuals who may be temporarily incapacitated following survival of offense, such as could be encountered within situations applicable to this exception.

The physician who intends to perform or induce an abortion may rely on the information provided by the ~~woman~~ person seeking the abortion and/or person(s) or agencies providing information on their behalf upon a good-faith assessment that the ~~woman is being~~ information presented is truthful and accurate to the best of their understanding. ~~The physician who intends to perform or induce an abortion may require the woman seeking the abortion to sign a certification form attesting that the information she gave was true and accurate to the best of her understanding.~~

Rationale: *Requiring signed certification forms attesting information is true and accurate is not standard medical practice for physicians. Rather provision of such sensitive information could be handled in manner similar with existing standards for mandatory reporting in which information provided (by individual and/or individuals on their behalf) is taken in good faith and accurate to the best of the person's ability/understanding.*

13.17(4)c. To determine whether a pregnancy is the result of rape, a physician who intends to perform or induce an abortion must ~~gather~~ attest to the following information ~~provided by~~ ~~from~~ the ~~woman~~ person seeking an abortion and/or parent, guardian or caretaker providing information on the person's behalf:

~~A non-consensual sex act or one constituting rape as defined above occurred within 45 days of report.~~

~~On what date did the sex act that caused the pregnancy occur?~~

~~What was the age of the woman seeking an abortion at the time of that sex act?~~

~~Did the sex act constitute a rape? Patient reports pregnancy is the result of the nonconsensual sex act or rape.~~

~~Was the rape perpetrated against the woman seeking an abortion?~~

~~If initial reporting was to someone other than the physician who intends to perform or induce an abortion, the date the rape was reported to a law enforcement agency, public health agency, private health agency, or family physician?~~

The physician who intends to perform or induce an abortion shall use this information to determine whether the fetal heartbeat exception for rape applies.

A physician may also use information initially reported to and provided by a private or public health agency or a law enforcement agency to make sure determination. ~~This information~~ The attestation shall be documented in the person's ~~woman's~~ medical records.

Rationale: *Rationale consistent with that provided for section 13.17(4)b, with edit for specific requirements for rape exception, as outlined in HF 732, such as 45-day reporting period and acknowledgement of reasonable judgement that the pregnancy is a result of that act*

The physician who intends to perform or induce an abortion may rely on the information as provided by the ~~woman~~ person seeking the abortion and/or person(s) or agencies providing information on their behalf upon a good-faith assessment that the ~~woman is being~~ information presented is truthful and accurate to the best of their understanding. ~~The physician who intends to perform or induce an abortion may require the woman seeking the abortion to sign a certification form attesting that the information she gave was true and accurate to the best of her understanding.~~

***Rationale:** Rationale consistent with that provided for section 13.17(4)b.*

13.17(5): Discipline. Failure to ~~comply~~ act in good faith with this rule or the requirements of Iowa Code section 146E may constitute grounds for discipline ~~consistent with Board of Medicine authority.~~

***Rationale:** Use of “good faith” action consistent with expectations set forth within these rules and inclusion of “consistent with Board of Medicine authority” provides disciplinary clarity for physicians.*

We appreciate the opportunity to provide these comments. To assist in ease of reading and review of the proposed amendments within these comments, we have additionally provided a clean(er) markup of the rules with the amendments as proposed above as an attached appendix.

It is our fervent hope that the Board will duly take these comments, and their rationale, into consideration as they weigh the opportunity to adopt rules that can best serve both the requirements of the law and the physicians governed by them.

Appendix. Clean Presentation of Rules with Proposed Edits

13.17(2): *Definitions*

d. The phrase “*the pregnancy is the result of a rape*” means a circumstance in which the pregnancy is the result of **non-consensual sexual act and/or** conduct that would be a prosecutable offense under §§ 709.2, 709.3, 709.4, or 709.4A, when perpetrated against a female.

13.17(3): *Detection of fetal heartbeat.* A physician who intends to perform or induce an abortion must determine via abdominal ultrasound whether the woman is carrying an unborn child with a detectable fetal heartbeat, **clinically termed as “cardiac activity”**.

b. To determine whether a pregnancy is the result of incest, a physician who intends to perform or induce an abortion must **attest to** the following information **as provided by the person** seeking an abortion **and/or parent, guardian or caretaker providing information on the person’s behalf**:

A sex act occurred between the **person** and a closely related person, meaning, either legitimately or illegitimately, an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, or nephew, including a stepparent, stepchild, or stepsibling to include an adopted sibling.

The act occurred within 140 days of reporting.

The physician who intends to perform or induce an abortion shall use this information to determine whether the fetal heartbeat exception for incest applies. **A physician may also use information initially reported to and provided by a private or public health agency or a law enforcement agency to make sure determination.** The **attestation** shall be documented in the **person’s** medical records.

The physician who intends to perform or induce an abortion may rely on the information provided by the **person** seeking the abortion **and/or person(s) or agencies providing information on their behalf** upon a good-faith assessment that the **information presented is truthful and accurate to the best of their understanding.**

c. To determine whether a pregnancy is the result of rape, a physician who intends to perform or induce an abortion must **attest to** the following information **provided by the person** seeking an abortion **and/or parent, guardian or caretaker providing information on the person’s behalf**:

A non-consensual sex act or one constituting rape as defined above occurred within 45 days of reporting.

Patient reports pregnancy is the result of the nonconsensual sex act or rape.

The physician who intends to perform or induce an abortion shall use this information to determine whether the fetal heartbeat exception for rape applies.

A physician may also use information initially reported to and provided by a private or public health agency or a law enforcement agency to make sure determination. The attestation shall be documented in the **person's** medical records.

The physician who intends to perform or induce an abortion may rely on the information as provided by the **person** seeking the abortion **and/or person(s) or agencies providing information on their behalf** upon a good-faith assessment that the **information presented is truthful and accurate to the best of their understanding.**

13.17(5): Discipline. Failure to **comply act in good faith** with this rule or the requirements of Iowa Code section 146E may constitute grounds for discipline **consistent with Board of Medicine authority.**



Greco, Chrissy <chrissy.greco@iowa.gov>

abortion rules

1 message

Jane Robinette <jane.robinette@gmail.com>

Tue, Jan 2, 2024 at 1:54 PM

Reply-To: jane.robinette@gmail.com

To: Chrissy.Greco@iowa.gov

Dear Iowa Board of Medicine,

The proposed rules in response to HF732 are problematic for many reasons. I am especially opposed to the sections involving the physician questioning of rape and incest survivors about the specifics of the crimes against them, when they are just seeking medical care that should be available to them in any case. This places the physician in a very unfamiliar and unprofessional role.

Overall, though, HF 732's exceptions to the abortion ban rely on an existing vague Iowa Code definition of medical emergency and other terms. Your proposed rules do not address that definition, and for understandable reasons. It is impossible to list all of the conditions describing when a person's life is "endangered" or when they would be at "serious risk of substantial and irreversible impairment of a major bodily function." Making these determinations without further guidance is especially difficult when a doctor's license may be up for discipline if they choose wrongly. We have seen this time and time again in other states like Ohio, Texas, and others, where pregnant people have been denied life-saving and health-preserving abortions because doctors do not want to risk their license or their freedom if their decision is later challenged. Abortion care, and medical care generally, is ill-suited to legislation simply because of the unique and multi-faceted nature of the human body. No hard and fast rules should apply in these *medical* situations. Doctors must be allowed to use their professional judgment and follow standards of care with no fear of license discipline.

I urge you to re-think these proposed rules and allow more flexibility and honoring of physicians' experience, judgment, and care.

Thank you,
Jane Robinette
Urbandale, Iowa

Public hearing on proposed rules for Governor Reynolds abortion ban

1 message

Joan Howard Jones <jmhowardjones@gmail.com>
To: Chrissy.Greco@iowa.gov

Tue, Dec 19, 2023 at 10:40 PM

Dear Members of the Iowa Board of Medicine,

I am writing to express my deep concern regarding the proposed ban on abortion in Iowa. I feel compelled to address the significant dangers and repercussions such a ban might entail.

First and foremost, a ban on abortion poses serious risks to the health and well-being of women across Iowa. Denying access to safe and legal abortion care does not eliminate the need for abortion; instead, it drives women to seek unsafe, clandestine procedures, putting their lives at risk. History has shown that restricting access to abortion does not reduce its incidence but rather amplifies the likelihood of unsafe practices, resulting in increased maternal morbidity and mortality.

Furthermore, such legislation disregards the complex and sensitive nature of many pregnancies. In cases of severe fetal abnormalities, life-threatening complications, or instances of sexual violence, denying access to abortion strips individuals of their autonomy and forces them into traumatic situations, both medically and emotionally.

Beyond the immediate health risks, the socioeconomic impact cannot be overlooked. Banning abortion disproportionately affects marginalized communities, exacerbating existing disparities in healthcare access. It places an undue burden on individuals and families, particularly those facing financial hardships or struggling to care for existing children.

The ability to make informed decisions about reproductive health is a fundamental human right. By banning abortion, we are infringing upon this right and impeding individuals' access to essential healthcare services.

As esteemed members of the medical board, I implore you to consider the broader implications of a ban on abortion. Instead of restricting access, I advocate for comprehensive reproductive healthcare, including education, contraception, and safe abortion services. Upholding a woman's right to choose is pivotal in safeguarding public health and ensuring the well-being of our communities.

I urge you to advocate for policies that prioritize evidence-based, compassionate healthcare for all individuals in Iowa. Let us work together to promote reproductive justice and protect the rights and safety of those in need of essential medical care.

Thank you for your time and consideration.

Joan Howard Jones



Greco, Chrissy <chrissy.greco@iowa.gov>

Comments on Proposed Abortion Ban Rules

1 message

Joan Marttila <jdmarttila@gmail.com>
To: chrissy.greco@iowa.gov

Mon, Dec 18, 2023 at 12:49 PM

Iowa has a proud history of basing its decisions in current knowledge, fairness, and compassion. But, our Republican governor, Republican elected officials such as the attorney general, and the Republican Legislature are being guided by the Chris an equivalent of the Taliban and demonstrate a strange blend of vindic ve religious fervor, hubris, and ignorance. The proposed abor on guidelines are just one more example of poorly written legisla on that seeks to limit healthcare op ons for lowans. Legislators have no business in the medical exam room. The proposed rules use non-scienc fic, medically unacceptable terminology and legislate medically unacceptable procedures. Their purpose is to advance harm and force a par cular religious view about abor on on lowans who need reproduc ve healthcare.

Iowa is already 50th in the na on in per capita OB/GYN services. OB/GYNs are fleeing from states like Idaho after the state ini ated extremely puni ve abor on laws. And, we have watched heart-rending experiences in Texas as the state has placed itself and its cruel policies between the OB/GYN and the pa ent. Iowa does not need to become another Texas, Idaho, or Alabama. **I urge you to reject these rules** and send a message to the current Republican regime that you do not support interference in the OB/GYN-pa ent rela onship; that you trust lowans and their healthcare providers to make good healthcare decisions.

Iowa deserves better governance. Complacent lowans must wake up and vote for candidates that keep their religious beliefs to themselves; candidates who are not afraid to use science and exper se to write legisla on. Without such a change, Iowa's future is very grim.

Joan Marttila

2357 Palmera Ct

Bettendorf, IA 52722



Greco, Chrissy <chrissy.greco@iowa.gov>

public comment re proposed rules for Reynolds' abortion ban

1 message

Jodi O'Donnell <jodiod@gmail.com>
To: Chrissy.Greco@iowa.gov

Tue, Dec 19, 2023 at 11:18 AM

Dear Ms. Greco:

I have read the four-page proposed rules to implement Gov. Reynolds' and the Iowa Republicans' restrictive abortion ban in Iowa.

I fear if the ban is allowed to stand, Iowans will experience the same health threats and dire outcomes of girls and women around the country where similar bans are in place. The first problem with the proposed rules is that the government is inserting itself into the doctor-patient relationship and the private, personal decisions that one makes with their doctor and family. But that point is moot, right, given that the ban has been signed into law?

So let's look at the rules. Nowhere is the word girl--that is, a minor female--mentioned in the rules. This is pertinent especially in the case of incest. But I'm guessing the board doesn't want the public thinking about how the abortion ban would affect children, especially when it comes to the conditions placed on them in the rules to "establish" whether a girl--a child--has in fact been the victim of a rape or incest. By leaving this consideration out you're admitting that a child who is pregnant and seeking an abortion does meet the conditions for receiving one for the simple fact that she could not have given consent. Instead, you would make this child go through the process of establishing when, where, for how long, by whom, etc. she was sexually abused in order for her to qualify for an abortion.

Neither do the rules mention protecting the life of the woman or girl. NOWHERE do you address what the conditions are for allowing an abortion to protect THEIR lives or future fertility. The horror stories we see coming out of other states about women bleeding out in hospital parking lots, becoming septic, losing their ability to have children in the future -- those stories will soon be coming from Iowa. What guidance does the board give providers and hospitals when faced with these situations?

Clearly, the board still has much work to do. But honestly, in the end, this is a no-win situation for everyone: for Iowa's women and girls and those who love them, for doctors who want to provide the best care for their patients, and for everyone who cares about preserving our reproductive freedoms in Iowa.

Thank you,
Josephine O'Donnell
Ames, Iowa
563/508-1665



Greco, Chrissy <chrissy.greco@iowa.gov>

Position on reproductive freedom

1 message

John Riessen <jhriessen@gmail.com>

Tue, Jan 2, 2024 at 9:49 AM

To: "chrissy.greco@iowa.gov" <chrissy.greco@iowa.gov>

I am father to two now adult daughters. I shudder to contemplate the notion that they and all other women should not have the freedom to exercise their ability to choose in this very important issue. It certainly should not be a decision that involves political considerations--whether for men or women. It most certainly should not be a decision affecting the very young, or circumstances of the manner of the initiation of any pregnancy.

I say this as an old white male.

It's

John RIESSEN

10982 Wood Duck Cove Dr

West Burlington, IA. 52655



Greco, Chrissy <chrissy.greco@iowa.gov>

Proposed Rule for House File 732 (see attached)

1 message

John Strathman <jcstrathman44@gmail.com>
To: Chrissy Greco <chrissy.greco@iowa.gov>

Tue, Jan 2, 2024 at 3:24 PM

Please consider the following change to 13.17(5) Discipline.

Insert after the first sentence: "A report shall be maintained that identifies the physician, the compliance failure, and disciplinary action taken, if any. This report shall be publicly available on the Board of Medicine website."

Respectfully,

John C. Strathman
36584 Meadow Lane
Cumming, Iowa 50061
(515) 287-2241

 **Public Hearing - Fetal Heartbeat BoM Rules.pdf**
2289K

LABOR SERVICES DIVISION[875](cont'd)

(5) The following supporting records:

1. Inspection records of the boiler and ancillary equipment for the prior five years.
2. The most recent Report of Fitness for Service Assessment.
3. Every Form R-1 Report of Repair and Form R-2 Report of Alterations for the prior five years.

(6) A request for an informal conference, if desired.

c. The director will consider, among other things, whether the object meets the requirements contained in the National Board Inspection Code, whether the object is fit for service based on the year of fabrication, the estimated service life of the object as determined by Part 2 of the National Board Inspection Code, and whether the owner has implemented practices for managing consumable items and ancillary equipment of the object.

d. The director may grant an extended inspection interval.

(1) An extended inspection interval lasts until the next inspection, at which time the owner of the object may again apply for an extension.

(2) The owner shall promptly report to the department's boiler and pressure vessel unit any unscheduled shutdowns, significant incidents, near misses, and any other occurrences that might reasonably require reinspection before the extended date. Should the occurrence reasonably require it, or if any such event is not reported within ten days of occurrence, the director may revoke the extended inspection interval.

e. If the director does not intend to grant the extension, the director will give the applicant a Notice of Intent to Deny Extended Inspection Interval, granting ten days for the applicant to provide additional reasons and evidence why the interval should be extended.

ARC 7170C

MEDICINE BOARD[653]

Notice of Intended Action

Proposing rulemaking related to standards of practice for physicians who perform or induce abortions and providing an opportunity for public comment

The Board of Medicine hereby proposes to amend Chapter 13, "Standards of Practice and Principles of Medical Ethics," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in 2023 Iowa Acts, House File 732.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, 2023 Iowa Acts, House File 732.

Purpose and Summary

The proposed rule is directed by 2023 Iowa Acts, House File 732, to outline the standards of practice for physicians who perform or induce abortions, including the detection of a fetal heartbeat, exceptions, and discipline.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

MEDICINE BOARD[653](cont'd)

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Board under 653—Chapter 3 for a waiver of the discretionary provisions, if any.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking. Written or oral comments in response to this rulemaking must be received by the Board no later than 4:30 p.m. on January 2, 2024. Comments should be directed to:

Chrissy Greco
Iowa Board of Medicine
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321
Phone: 515.242.6039
Fax: 515.242.5908
Email: chrissy.greco@iowa.gov

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

January 4, 2024
10 a.m. to 12 noon

6200 Park Avenue
Des Moines, Iowa

Persons who wish to make oral comments at the public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend the public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Board and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Adopt the following **new** rule 653—13.17(135L,146A,146E,147,148,272C):

653—13.17(135L,146A,146E,147,148,272C) Standards of practice for physicians who perform or induce abortions—definitions—detection of fetal heartbeat—fetal heartbeat exceptions—discipline.

13.17(1) Standards of practice. This rule sets forth the standards of practice for physicians who perform or induce abortions. More information is contained in Iowa Code section 146E.2(5) as enacted by 2023 Iowa Acts, House File 732.

13.17(2) Definitions. As used in this rule:

“*Private health agency*” means any establishment, facility, organization, or other entity that is not owned by a federal, state, or local government that either is a health care provider or employs or provides the services of a health care provider. Establishments, facilities, organizations, or other entities that are health care providers include the following:

1. A hospital as defined in Iowa Code section 135B.1;
2. A health care facility as defined in Iowa Code section 135C.1;
3. A health facility as defined in Iowa Code section 135P.1; or

MEDICINE BOARD[653](cont'd)

4. A similar entity that either is a health care provider or employs or provides the services of a health care provider.

“*Public health agency*” means any establishment; facility; organization; administrative division; or entity that is owned by a federal, state, or local government that either is a health care provider or employs or provides the services of a health care provider. Establishments, facilities, organizations, administrative divisions, or other entities that are health care providers include the following:

1. A hospital as defined in Iowa Code section 135B.1;
2. A health care facility as defined in Iowa Code section 135C.1;
3. A health facility as defined in Iowa Code section 135P.1; or
4. A similar entity that either is a health care provider or employs or provides the services of a health care provider.

“*Standard medical practice*” means the degree of skill, care, and diligence that a physician of the same medical specialty would employ in like circumstances. As applied to the method used to determine the presence of a fetal heartbeat for purposes of Iowa Code chapter 146E as enacted by 2023 Iowa Acts, House File 732, and this rule, “standard medical practice” includes employing the appropriate means of detection depending on the estimated gestational age of the unborn child and the condition of the woman and her pregnancy.

“*The pregnancy is the result of a rape*” means a circumstance in which the pregnancy is the result of conduct perpetrated against a female that would be a prosecutable offense under Iowa Code section 709.2, 709.3, 709.4, or 709.4A.

“*The pregnancy is the result of incest*” means a circumstance in which a sex act occurs between closely related persons that involves a vaginal penetration that causes a pregnancy. The closely related persons must be related, either legitimately or illegitimately, as an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, or nephew. For purposes of this rule, a closely related person includes a stepparent, stepchild, or stepsibling, including siblings through adoption.

13.17(3) *Detection of fetal heartbeat.* A physician who intends to perform or induce an abortion must determine via abdominal ultrasound whether the woman is carrying an unborn child with a detectable fetal heartbeat.

a. Obligation. The obligation under this rule requires a bona fide effort to detect a fetal heartbeat in the unborn child. This effort must be made in good faith and according to standard medical practice and reasonable medical judgment.

b. Method. Consistent with standard medical practice and reasonable medical judgment, the physician shall perform an exterior abdominal ultrasound on the woman to determine whether the unborn child has a detectable fetal heartbeat. This exterior abdominal ultrasound shall be performed with real-time ultrasound equipment with a transducer of appropriate frequency. The equipment must be properly maintained and in proper functioning order. At minimum, the exterior abdominal ultrasound shall examine the full region of the woman’s body between the chest and pelvis, including the side flanks between the rib cage and hips.

13.17(4) *Fetal heartbeat exceptions.* The following applies to a physician who intends to perform or induce an abortion under a fetal heartbeat exception as defined in Iowa Code chapter 146E as enacted by 2023 Iowa Acts, House File 732, and this rule:

a. Incest or rape. If a pregnancy is the result of incest or a rape, the woman seeking an abortion may report the incest or the rape within the appropriate time frame to a licensed physician whose services are retained for an abortion procedure.

(1) To determine whether the pregnancy is the result of incest, a physician who intends to perform or induce an abortion must gather the following information from the woman seeking an abortion:

1. Did a sex act occur between the woman and a closely related person, meaning, related, either legitimately or illegitimately, as an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, nephew, stepparent, stepchild, stepsibling, or an adopted sibling?
2. On what date did the sex act that caused the pregnancy occur?

MEDICINE BOARD[653](cont'd)

3. If initial reporting was to someone other than the physician who intends to perform or induce an abortion, on what date was the act reported to a law enforcement agency, public health agency, private health agency, or family physician?

The physician who intends to perform or induce an abortion shall use this information to determine whether the fetal heartbeat exception for incest applies. This information shall be documented in the woman's medical records.

The physician who intends to perform or induce an abortion may rely on the information provided by the woman seeking an abortion upon a good-faith assessment that the woman is being truthful. The physician who intends to perform or induce an abortion may require the woman to sign a certification form attesting that the information she gave was true and accurate to the best of the woman's understanding.

(2) To determine whether the pregnancy is the result of a rape, a physician who intends to perform or induce an abortion must gather the following information from the woman seeking an abortion:

1. On what date did the sex act that caused the pregnancy occur?
2. What was the age of the woman seeking an abortion at the time of that sex act?
3. Did the sex act constitute a rape?
4. Was the rape perpetrated against the woman seeking an abortion?
5. If initial reporting was to someone other than the physician who intends to perform or induce an abortion, on what date was the rape reported to a law enforcement agency, public health agency, private health agency, or family physician?

The physician who intends to perform or induce an abortion shall use this information to determine whether the fetal heartbeat exception for rape applies. This information shall be documented in the woman's medical records.

The physician who intends to perform or induce an abortion may rely on the information as provided by the woman seeking an abortion upon a good-faith assessment that the woman is being truthful. The physician who intends to perform or induce an abortion may require the woman to sign a certification form attesting that the information she gave was true and accurate to the best of the woman's understanding.

b. Fetal abnormality. A certification from an attending physician that a fetus has a fetal abnormality that in the attending physician's reasonable medical judgment is incompatible with life must contain the following information:

- (1) The diagnosis of the abnormality;
- (2) The basis for the diagnosis, including the tests and procedures performed, the results of those tests and procedures, and why those results support the diagnosis; and
- (3) A description of why the abnormality is incompatible with life.

The diagnosis and the attending physician's conclusion must be reached in good faith following a bona fide effort, consistent with standard medical practice and reasonable medical judgment, to determine the health of the fetus. The certification must be signed by the attending physician. A physician who intends to perform or induce an abortion may rely in good faith on a certification from an attending physician if the physician who intends to perform or induce an abortion has a copy of the certification. The certification must be included in the woman's medical records by the physician who intends to perform or induce an abortion.

13.17(5) Discipline. Failure to comply with this rule or the requirements of Iowa Code chapter 146E as enacted by 2023 Iowa Acts, House File 732, may constitute grounds for discipline.

This rule is intended to implement Iowa Code chapter 146E as enacted by 2023 Iowa Acts, House File 732.



Greco, Chrissy <chrissy.greco@iowa.gov>

Proposed rules on abortion

1 message

Joni Clay <clay.joni@gmail.com>

Sun, Dec 24, 2023 at 10:37 AM

To: "chrissy.greco@iowa.gov" <chrissy.greco@iowa.gov>

Board of Medicine,

Please consider the impact that the proposed rules on abortion would have on Iowa families.

There are no set of rules that can address the individual needs of women during pregnancy. The rules would strip away private reproductive healthcare decisions that women are entitled to make for themselves and their families. This is a basic human right. This should be a conversation for a woman and her doctor without outside interference.

Please consider my thoughts as you make your decision,

Joni Clay



Greco, Chrissy <chrissy.greco@iowa.gov>

Abortion laws in Iowa

1 message

Judy and Bob Roussell <jbroussell@yahoo.com>
Reply-To: Judy and Bob Roussell <jbroussell@yahoo.com>
To: "chrissy.greco@iowa.gov" <chrissy.greco@iowa.gov>

Sat, Dec 23, 2023 at 5:27 PM

I'm writing to you as a retired nurse. I worked in ob/gyn at UIHC prior to Rode vs Wade becoming law. I witnessed the horror of frantic, desperate women forced to seek back alley butchers or performing self inflicting damage because safe abortion was not available. Trust me, laws do not eliminate abortion. They only eliminate safe abortion. Women know their own needs. Please don't return to archaic times for Iowa women.

Judy Roussell
Marion Iowa
3184809366

[Sent from Yahoo Mail on Android](#)

Public Comments on House File 732

1 message

JULIE NEFF <julieneff@msn.com>

Sat, Dec 30, 2023 at 10:20 AM

To: "chrissy.greco@iowa.gov" <chrissy.greco@iowa.gov>

Thank you for taking public comments on the proposed fetal "heartbeat" abortion ban.

The language included in the proposed standards of practice for physicians who perform or induce abortions is problematic for women and girls. The proposed rules refer only to a "woman" which is generally meant to include females who are over age 18/adults. Female children under age 18 are also raped and the victims of incest and sexual assault resulting in the need for abortion care. Please consider enlarging the language to include women AND girls to ensure girls are protected in these standards of practice.

We know from research and experience that male boyfriends and live-in partners of adult mothers victimize and abuse children living in the household in high numbers and their victims can and do become pregnant. The proposed standards of practice rules do not specifically name or refer to boyfriends/partners. Please consider expanding the definitions to include domestic partners/boyfriends.

[https://socialsci.libretexts.org/Courses/Cosumnes_River_College/SOC_300%3A_Introduction_to_Sociology_\(Ninh/03%3A_Evaluate_how_institutions_and_organizations_impact_individuals./3.02%3A_The_Family/3.2.07%3A_Family_Violence](https://socialsci.libretexts.org/Courses/Cosumnes_River_College/SOC_300%3A_Introduction_to_Sociology_(Ninh/03%3A_Evaluate_how_institutions_and_organizations_impact_individuals./3.02%3A_The_Family/3.2.07%3A_Family_Violence)

We also know that children who are the victims of incest and rape do not report their assaults at all or delay reporting for a significant amount of time. Requiring children to report to a physician or other authority will result in children who need abortions failing to access the medical services they need. I understand this portion of the legislation may not be something you can change, but please consider doing all you can to protect those who cannot report right away.

<https://endcan.org/2022/03/10/delayed-disclosure-of-child-sex-abuse-why-children-dont-tell/>



Delayed Disclosure of Child Sex Abuse: Why Children Don't Tell - EndCAN

Many people are baffled by why those abused don't come forward sooner. There's a misconception that someone abused at 14 or younger who didn't disclose until adulthood was simply an opportunist. However, delayed disclosure is the norm, not the exception. Read here to discover why disclosures of child sexual abuse are so often delayed.

endcan.org

Requiring physicians who intend to perform an abortion to interrogate their patients and determine whether or not their statements are truthful should NOT be the responsibility of a medical profession. Physicians are not trained in interrogation techniques, nor should they be, and patients should not be subjected to intensive questioning when seeking abortion care.

The proposed rules include references to a "fetal heartbeat" which is a medically incorrect statement early in pregnancy. Please ensure the language used is correct.

Grandparents and step-grandparents are not currently included in the definition of closely related. Please consider modifying the definition to include them.

Thank you for your time and attention,

Julie Neff

[3564 NW 92nd PL](#)

Polk City, IA 50226

JulieNeff@msn.com

515-664-3704



Greco, Chrissy <chrissy.greco@iowa.gov>

Iowa Medical Board- Abortion Rules

1 message

Kay Meyer <kayameyer@yahoo.com>

Sat, Dec 30, 2023 at 3:09 PM

To: "Chrissy.Greco@iowa.gov" <Chrissy.Greco@iowa.gov>

To the Iowa Board of Medicine

Do men have reproductive rights? Could the state government make laws that ban vasectomies, condoms, male birth control, or any other measures that would prevent a pregnancy? Depending on the zealotry of the religious sect du jour, could they also ban any surgery, or medication that might adversely impact men's reproductive abilities, for instance prostate cancer, even though it would save the man's life?

If this situation seems absurd, it is no less absurd for women. It doesn't matter that men cannot become pregnant, they are the other half of the reproduction/abortion issue. If men have reproductive rights, then so do women!

Imagine preventing men from getting reproductive help, denying them information, or putting a time limit on getting help. Imagine them having to flee to another state for help, or to be told they must risk their lives and debilitation, even though they have a career, are bread winners, and may already have a family to support. Imagine telling men they must suffer poverty, if they can't afford more children.

What you don't have to imagine is a bumbling government pretending that it knows better than doctors and medical science what is in the best interest for their patient's health, while at the same time, not listening to any of them!

I would caution the Board to please realize that there is more to this issue than is apparent. It has been painted with a veneer of morality. But it can hardly be considered moral to demand that only women should be impeded, and impacted at great risk to their lives, welfare, and families. According to the state government, the same embryo saved today could be a pregnant woman tomorrow with absolutely no rights! Her embryo/fetus would have more rights than she would. This is madness! I hope the Board will consider this issue from a real world perspective and see it for what it really is, unconstitutional inequity and medical interference!

Sincerely,

Kay Meyer
1020 Mesa Verde Place
Ames, Iowa
50014



Greco, Chrissy <chrissy.greco@iowa.gov>

Women's Healthcare

1 message

.... <srldog@aol.com>

Tue, Jan 2, 2024 at 8:21 AM

To: "Chrissy.Greco@iowa.gov" <Chrissy.Greco@iowa.gov>

No set of rules will ever adequately address the spectrum of pregnancy emergencies or private reproductive health decisions we are entitled to make for ourselves.

If men were the ones having babies, let's face it, there would be an abortion clinic every mile with a beer and a high five as they walked out the door.

Corrupt KR is absurd and vulgar to even dictate what women can do with their bodies...this is a heinous act by a horrible person.

Plus the medical community involved in all this hot mess. No restrictions on men for anything... none. Ample blue pill for the boys to keep their penis going... WTH.

WRONG, WRONG, WRONG....

STOP RESTRICTIONS ON WOMEN'S HEALTHCARE!!! JUST STOP!!!

Lauri Coffman
Iowa



Greco, Chrissy <chrissy.greco@iowa.gov>

7170c

1 message

Larry Reiner <lorpt17@gmail.com>

Wed, Dec 27, 2023 at 10:34 AM

To: "chrissy.greco@iowa.gov" <chrissy.greco@iowa.gov>

I am strongly opposed to the Iowa Republican legislators abortion ban. I fail to see that members of the legislature have been granted a medical license in order to practice medicine in the state of Iowa. Since when are politicians qualified to make medical judgments regarding the health of Iowa citizens?

Judgments as to the medical necessity of procedures or medication are only permitted to those licensed in the state of Iowa to practice medicine. Keep political hands off Medical conditions.

sincerely Dr. Lawrence Reiner PhD

My name is Leah Vanden Bosch. I was born and raised in Iowa, currently living in Des Moines.

I am still alive and stable in my recovery from my eating disorder today, because I was able to access a safe, legal abortion here in Des Moines. I ended my pregnancy at 7 weeks and 1 day. I was 28 years old, had a good job, and prayed relentlessly throughout the decision and waiting period. Six and a half years later, I am incredibly grateful for trusting myself and doing what was best in my situation.

My mental health struggles are not visible. Though I understand how endangered my life can be with suicide ideation, attempting to take my own life when I was 12 years old, a politician does not. A politician does not understand the dangers of my bulimia, the consequences it's had on my life and body, and the impacts it could have on a pregnancy.

These rules would not protect me. I can assure you, I would not be alive today without the opportunity to have an abortion. My medical records are quickly referenced when recalling my experience, a clear indication of how inappropriate this legislation is.

There is no set of rules that will ever adequately address the spectrum of pregnancy emergencies or private reproductive health decisions we are entitled to make for ourselves. Please consider my personal experience and the stories of countless others when reviewing the proposed rules for this ban. It is reckless and dangerous, beyond harmful to people who can get pregnant in Iowa.

Thanks again,
Leah



Greco, Chrissy <chrissy.greco@iowa.gov>

ARC 7170C

1 message

Leslie Hartschen <lesliehartschen@gmail.com>
To: chrissy.greco@iowa.gov

Sun, Dec 31, 2023 at 10:28 AM

Dear Iowa Board of Medicine:

A special legislative session in July proposed a 6-week abortion ban. As presented, the ban poses problems for Iowa doctors and Iowa women and girls. I have reviewed the proposed **ARC 7170C** regarding rape and incest exceptions to the ban. I find the following issues with the guidance.

- The proposed mandates force victims of sexual assault to recount painful details of abuse, exacerbating traumatic experiences.
- Victims of sexual harassment and assault often delay reporting, with only one in five women reporting sexual abuse. Women and girls are often afraid of their abuser or that they won't be believed. Sexual harassers are often in a position of power.
- Women and girls are subjected to victim blaming which holds victims and survivors responsible for the sexual harassment, sexual assault, or rape committed against them.
- Many women and girls do not know they are pregnant within 6 weeks. Especially young girls under the age of 18 who do not understand their body functions or that what has happened to them constitutes rape or incest.
- The lack of detail in the section on discipline imposes a heavy burden on obstetrician-gynecologists in Iowa, already a scarce group. Iowa has the fewest number of OBGYN physicians per capita of any other state in the country.

Iowa women and girls should have access to abortion healthcare for any reason that she and her physician agree upon up to the 20 weeks after conception as the current Iowa law states. At the very least, they should have 20 weeks to report rape and incest. If the abortion ban is passed, women and girls should be able to report rape and incest without being forced to relive painful details of abuse in order to hopefully be believed without blame and judgement.

Thank you for taking this information into consideration.

Leslie Hartschen
West Des Moines, IA

public comment on proposed rule 653

1 message

Philip/Linda Tetzloff/Holvik <philandlinda3@mchsi.com>
To: Chrissy.Greco@iowa.gov

Wed, Dec 27, 2023 at 1:29 PM

To the Iowa Board of Medicine, Administrative Rules Review Committee:

Having read the proposed rules for enforcing the abortion ban currently stayed by a judge's ruling, I have new appreciation for the time and effort that must go into writing such a document and the difficulty of doing so. The problem is, there seems to be no way to cover every possible contingency under which an abortion ban "exception" could be necessary. We have seen too many situations already since Roe was struck down where women were denied the health care desperately needed because the "exceptions" were not clear or were not addressed and care was denied. Women have almost died as a result, or in the most recent case, have had to leave the state for care. In that case it seems that the exception was approved by a court only to be denied by a state official. Where in these rules under consideration is there wording to prevent that from happening to an Iowa woman?

For the sake of women and their physicians, protections from physicians' determinations that an abortion is warranted being over-ridden, and clarity as to the single sentence regarding discipline of physicians must be included. Under these rules, I would not be surprised if only a few physicians were willing to take the risks involved.

These rules are not adequate to provide the reproductive health care that is necessary and should be each person's right. It's not in the scope of this hearing to deny the abortion ban legislation from going into effect, but that's what should ultimately happen.

Linda Holvik

2908 W. Lincoln Way

Marshalltown, IA 50158

641-752-9776

philandlinda3@mchsi.com



Greco, Chrissy <chrissy.greco@iowa.gov>

Reproductive Freedom - proposed rule 653 13.17 – ARC7170C

1 message

L Schreiber <lnschreiber@gmail.com>
To: chrissy.greco@iowa.gov

Tue, Jan 2, 2024 at 1:00 PM

Hello Ms. Greco –

A forced pregnancy is not healthy for anyone in my view. The requirements of a proposed rule for standards of practice are restrictive and would require an attending physician to interview and question a patient to collect information to determine whether or not the patient's truthfulness about her pregnancy was the result of rape or incest. This rule could further traumatize patients who did not report the rape or incest.

The Hippocratic oath requires a physician to “do no harm” — which means providing care and treatment, not interrogation to satisfy legislative requirements. Doctors have said the regulations propose mixing legal questions with medical care which puts them in a tough spot with their jobs. Lawmakers should not interfere with patients' medical care and with physicians' responsibilities for healthcare. Doctors and hospitals are in short supply in Iowa.

Iowans overwhelmingly support reproductive freedoms. An abortion ban after six weeks means more women will be subject to a forced pregnancy and if a woman is poor she will not have the post-pregnancy care that is warranted.

Linda Schreiber
Johnson County

Comment on proposed Amendments to Chapter 13

1 message

Marygrace Elson <elson.marygrace@gmail.com>
To: chrissy.greco@iowa.gov

Fri, Dec 22, 2023 at 5:12 PM

Hello Ms. Greco- Attached please find my comments on Iowa Board of Medicine proposed amendments to Chapter 13. Happy New Year!

Marygrace Elson, MD



IBMLTRHF732.jpg
1743K

22 December 2023

Iowa Board of Medicine, Attn Chrissy Greco
6200 Park Avenue, Suite 100
Des Moines IA 50321

Regarding proposed Amendments to Chapter 13, "Standards of Practice and Principles of Medical Ethics," Iowa Administrative Code, directed by 2023 Iowa Acts, HF 732

Dear colleagues:

Thank you for allowing me to comment on the proposed rulemaking action. I am an obstetrician-gynecologist with 37 years of practice experience, the last 23 practicing in the state of Iowa.

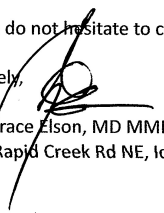
The proposed new rule is inconsistent in language. The appropriate medical and scientific term "fetus" is used in 13.17(4)(b) which discusses fetal abnormality incompatible with life. Elsewhere in the document the term "unborn child" is used. A fetus does not become a child, or neonate, until it is born. I urge the Board of Medicine to utilize medical and scientific terms such as "embryo or fetus" rather than the inherently contradictory term "unborn child." Medical terminology defines "embryo" as lasting until 8 weeks after the last menstrual period, and thereafter until birth a "fetus."

The proposed new rule prescribes an ultrasound of the entire abdomen, "from chest to pelvis and including the flanks." This may be standard practice for an abdominal ultrasound when one is, for example, investigating for a gall bladder problem, but this is not standard medical practice for an obstetric or gynecologic ultrasound, which usually focuses on the lower abdomen. 13.17(3) I urge the Board of Medicine to strike the last sentence of this section. The first sentence of this section states "consistent with standard medical practice and reasonable medical judgment." This language stands on its own.

It is well known that victims of rape and incest are often very reluctant to report, often due to fear. In the case of a young adolescent or intellectually challenged individual, the victim may not even realize that a sex act has been committed. As physicians we have an obligation to not intentionally inflict harm on our patients. This rule requires a physician to interrogate the patient about details which can be quite disturbing to the patient, and potentially violating this basic medical ethical principle of nonmaleficence.

Please do not hesitate to contact me with any questions.

Sincerely,


Marygrace Elson, MD MME, FACOG
4944 Rapid Creek Rd NE, Iowa City IA 52240

January 2, 2024

Dear Members of the Administrative Rules Review Committee:

A special legislative session in July proposed a 6-week abortion ban. As presented, the ban poses problems for Iowa doctors as well as for Iowa women and girls.

- Many women and girls do not know they are pregnant within 6 weeks. Young girls under the age of 18 do not understand their bodily functions or understand that what has happened to them constitutes rape or incest.
- Victims of sexual harassment and assault often delay reporting, with only about 20% reporting sexual abuse. Sexual harassers are often in positions of power, causing women and girls to be afraid of their abuser, to fear that they won't be believed or that they will be subjected to victim blaming.
- The proposed mandates force victims of sexual assault to recount painful details of abuse, thus exacerbating their traumatic experiences.
- The lack of detail in the section on physician discipline imposes a heavy burden on obstetrician-gynecologists in Iowa (ranks 50th out of 50 states in numbers of obstetricians-gynecologists) and could impact the number of these specialized physicians who choose to practice in Iowa.
- Physicians in Iowa should not have to withhold care while waiting for a patient to fully miscarry, or for their health to deteriorate enough to qualify for treatment or result in their death.
- Physicians should not be forced to make decisions that are not based on 'standard medical practice' but rather on the rules that Iowa doctors must follow as established by lawmakers.

In conclusion, it is necessary to maintain the current law that allows Iowa women and girls access to abortion healthcare for any reason that she and her physician agree on.

Sincerely,

Maureen Burke



Greco, Chrissy <chrissy.greco@iowa.gov>

Abortion Rules

1 message

Melanie Tietz <mtietz1959@gmail.com>
To: chrissy.greco@iowa.gov

Thu, Jan 4, 2024 at 10:17 PM

To Whom It May Concern:

I read your draconian rules. They are not only offensive, but obtuse.

Isn't it interesting that you find the need to so precisely prescribe to a professional how to do an ultrasound to detect a fetal heartbeat and yet in the next section you are asking that same healthcare professional to evaluate the truthfulness of a woman conveying a traumatic event. That is rich.

You did forget one rule that really needs to be included. WHEN a woman dies because she is not able to get a healthcare provider to render necessary care in time, what will the penalty be for your Board, the Governor and every legislator that voted for this? You should all be charged with murder.

Let the repercussions of your immoral actions rain down on all of you.

----- Forwarded message -----

From: Melissa Vine <melissa@melissavine.com>

Date: Fri, Jan 5, 2024 at 8:08 AM

Subject: Write Statement

To: <jill.stuecker@iowa.gov>

Hey Jill,

Thank you for facilitating the event yesterday. Below is a copy of my written statement I would like to add.

Is there anything else you may need from me?

I appreciate it!

Melissa

I am Melissa Vine, a licensed mental health counselor who specialized in supporting victims of sexual trauma, nonprofit director, and candidate for U.S. Congress.

In my work with countless women who had been victimized by sexual trauma, the most difficult piece to work through was almost never the trauma itself but rather the trauma that occurred due to the reactions of others. We re-traumatize victims if we judge them, make it difficult for them to receive healthcare, or pass laws that cast morality around their healthcare decisions.

For many women, having an abortion would not in and of itself be a traumatic event, but we make it traumatic when we pass laws that imply abortion is shameful. Laws impact mental health.

Let's change the systems that are harming people so everyone has a chance to reach their full potential.

Melissa Vine

Candidate for U.S. Congress
Iowa's Third District

Email: melissa@melissavine.com

Phone: 515-402-1463

Website: <https://melissavine.com>

Donate: https://actblue.com/donate/mv_email





Greco, Chrissy <chrissy.greco@iowa.gov>

(no subject)

1 message

Pam Wilson <FirstNANA@cox.net> Mon, Dec 18, 2023 at 7:58 PM To: "Chrissy.Greco@iowa.gov" <Chrissy.Greco@iowa.gov>

Having a [REDACTED] who lost 60 lbs and was told if the final medicine did not work, the Ob/Gyn could not save both her and the baby, I know the reality of abortion bans and excessive government involvement in reproductive medical care. I object to any government involvement in medical care.

Sent from [Mail](#) for Windows

On Wed, Dec 20, 2023 at 3:18 PM [REDACTED] > wrote:
Hello,

I am writing today to express my concern about the new Abortion rules that are being proposed. I do not agree with the proposed rulings that are being put into place. Although I personally have not obtained abortion services, those whom wish to should be able to. I once was put into a position in which I was a teenager finding myself pregnant. However, none of the doctors I visited confirmed my pregnancy until I was already 5 weeks and 5 days pregnant. Prior to my initial ultrasound, I did not have any idea for gestational age due to irregular menses. I was scheduled to get an ultrasound two days later, after my third doctor visit had occurred to get a doctor confirmation of pregnancy. During my ultrasound at 6 weeks pregnant, it was determined my gestational stage. At which point a heartbeat was detected already. Many people don't know they are pregnant until 6 weeks of gestation.

With my second pregnancy, which was very planned, we needed to wait until my estimated gestation was 12 weeks to get scheduled for an ultrasound. At which point would be a definite no return point for anyone under these rules. I had a longer wait for my third and last pregnancy I have had. That was with a high risk pregnancy. I knew the gender of my second and third babies before I had even gotten a sonogram completed.

I now have three healthy and wonderful children. But my body would likely not survive a fourth pregnancy. I personally had a very respectful doctor that entrusted me with my reproductive choices and allowed me to have a tubal ligation, because it was also advised I not get pregnant again.

If I were to fall pregnant again, I would seek out an abortion. Not because the fetus would be unwanted. But because carrying a fetus to term would pose an extremely high risk for my life. Under these proposed rules, because it would not be an immediate danger to myself or to the unborn embryo, I would be unable to receive an abortion. An embryo that I would be crushed to find out about, because I would love it dearly. But I also love my already existing children and I want to be able to continue to care for them.

Do not reduce the safety of women and young girls. Do not ban safe abortions. Reproductive rights are human rights. History has already shown us that reducing reproductive rights only increases welfare recipients and substantially increases unsafe abortion practices. Do not increase the number of women and girls in the world that receive unsafe abortion services. At what ends? To support a religious agenda that is meant to be separated from church and state.

Please consider all the young women that will find it necessary to seek unsafe options or face a lifetime financial responsibility.

Thank you,

[REDACTED]



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January 2, 2024

Chrissy Greco

Iowa Board of Medicine

6200 Park Avenue, Suite 100

Des Moines, Iowa 50321

Dear Ms. Greco:

RESOLVE: The National Infertility Association (RESOLVE) appreciates the opportunity to submit comments in response to The Board of Medicine proposed rule to amend Chapter 13, “Standards of Practice and Principles of Medical Ethics,” Iowa Administrative Code.

Since 1974, RESOLVE has been dedicated to ensuring that patients suffering from infertility challenges have access to coverage, services, and products that can help them gain or restore this critical life function. RESOLVE believes all people challenged in their family building journey should be empowered with knowledge, supported by community, united by advocacy, and inspired to act.

Families that use assisted reproductive technology (ART) are more likely to experience significant medical complications in their pregnancies, some of which can threaten their future fertility—and even their lives. In vitro fertilization (IVF), specifically, is associated with a higher risk of ectopic pregnancy, which can be deadly. Ectopic pregnancy occurs when an embryo implants and grows outside of the uterus. The only treatment for an ectopic pregnancy is to end the pregnancy—in other words to have an abortion. Ninety percent of ectopic pregnancies occur in the fallopian tube. If the embryo is not removed in time, the tube will burst, causing major internal bleeding and requiring immediate surgery to save the patient’s life.

Infertility patients also have higher rates of miscarriage. Some research suggests that even in the general population, more than 30 percent of pregnancies end in miscarriage. Miscarriages can turn septic, causing severe—and potentially deadly—infection in the uterus if pregnancy tissue remains untreated. Medical or surgical management of the miscarriage may be necessary and is identical to abortion.

We respectfully ask the Board to consider the impact that this ban would have on Iowans who want to build their families.

Sincerely,

Barbara Collura

President and CEO

PRESIDENT/CEO

Barbara L. Collura

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Greco, Chrissy <chrissy.greco@iowa.gov>

Reproductive freedom

1 message

Roxy Riessen <rriessen@gmail.com>

Tue, Jan 2, 2024 at 12:35 PM

To: chrissy.greco@iowa.gov

We live in a state where we say we want to attract young people to move here. Yet we consider passing laws that discourage physicians—especially obstetricians—from wanting to come here to practice. Can't we see what has happened in Texas, North Carolina and Florida, where medical professionals are moving elsewhere.

And what young professionals would choose to move to a state where obstetric care is prohibited, when they have a choice to move somewhere where it is available.

With a majority of people against an abortion ban, why are those people who are supposed to represent us even considering such a thing?

Roxy Riessen
West Burlington, IA

Administrative Rules Comm - proposed rule 653 - 13.17

1 message

Sherry <sfrizell1961@gmail.com>
To: "chrissy.greco@iowa.gov" <chrissy.greco@iowa.gov>

Fri, Dec 22, 2023 at 1:32 PM

Please see the below comments.

13.17(2) 4 - "The pregnancy is the result of a rape" means a circumstance in which the pregnancy is the result of conduct perpetrated against a **female** that would be a prosecutable offense under Iowa Code section 709.2, 709.3, 709.4, or 709.4A.

Correct to: person

13.17(3) Detection of fetal heartbeat. A physician who intends to perform or induce an abortion must determine via abdominal ultrasound whether the **woman** is carrying an **unborn child** with a detectable fetal heartbeat.

a. Obligation. The obligation under this rule requires a bona fide effort to detect a fetal heartbeat in the **unborn child**. This effort must be made in good faith and according to standard medical practice and reasonable medical judgment.

b. Method. Consistent with standard medical practice and reasonable medical judgment, the physician shall perform an exterior abdominal ultrasound on the woman to determine whether the **unborn child** has a detectable fetal heartbeat. This exterior abdominal ultrasound shall be performed with real-time ultrasound equipment with a transducer of appropriate frequency. The equipment must be properly maintained and in proper functioning order. At minimum, the exterior abdominal ultrasound shall examine the full region of the **woman's** body between the chest and pelvis, including the side flanks between the rib cage and hips.

Correct to: person

Correct to: fetus

Add: detectable and separate fetal heartbeat

13.17(4) Fetal heartbeat exceptions. The following applies to a physician who intends to perform or induce an abortion under a fetal heartbeat exception as defined in Iowa Code chapter 146E as enacted by 2023 Iowa Acts, House File 732, and this rule:

a. Incest or rape. If a pregnancy is the result of incest or a rape, the **woman** seeking an abortion may report the incest or the rape within the appropriate time frame to a licensed physician whose services are retained for an abortion procedure.

(1) To determine whether the pregnancy is the result of incest, a physician who intends to perform or induce an abortion must gather the following information from the woman seeking an abortion:

1. Did a sex act occur between the **woman** and a closely related person, meaning, related, either legitimately or illegitimately, as an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, nephew, stepparent, stepchild, stepsibling, or an adopted sibling?

2. On what date did the sex act that caused the pregnancy occur?

3. **If initial reporting was to someone other than the physician who intends to perform or induce**

an abortion, on what date was the act reported to a law enforcement agency, public health agency, private health agency, or family physician?

The physician who intends to perform or induce an abortion shall use this information to determine whether the fetal heartbeat exception for incest applies. This information shall be documented in the woman's medical records.

The physician who intends to perform or induce an abortion may rely on the information provided by the woman seeking an abortion upon a good-faith assessment that the woman is being truthful. The physician who intends to perform or induce an abortion may require the woman to sign a certification form attesting that the information she gave was true and accurate to the best of the woman's understanding.

(2) To determine whether the pregnancy is the result of a rape, a physician who intends to perform or induce an abortion must gather the following information from the woman seeking an abortion:

1. On what date did the sex act that caused the pregnancy occur?
2. What was the age of the woman seeking an abortion at the time of that sex act?
3. Did the sex act constitute a rape?
4. Was the rape perpetrated against the woman seeking an abortion?

5. If initial reporting was to someone other than the physician who intends to perform or induce an abortion, on what date was the rape reported to a law enforcement agency, public health agency, private health agency, or family physician?

The physician who intends to perform or induce an abortion shall use this information to determine whether the fetal heartbeat exception for rape applies. This information shall be documented in the woman's medical records.

The physician who intends to perform or induce an abortion may rely on the information as provided by the woman seeking an abortion upon a good-faith assessment that the woman is being truthful. The physician who intends to perform or induce an abortion may require the woman to sign a certification form attesting that the information she gave was true and accurate to the best of the woman's understanding.

b. Fetal abnormality. A certification from an attending physician that a fetus has a fetal abnormality that in the attending physician's reasonable medical judgment is incompatible with life must contain the following information:

- (1) The diagnosis of the abnormality;
- (2) The basis for the diagnosis, including the tests and procedures performed, the results of those

tests and procedures, and why those results support the diagnosis; and

(3) A description of why the abnormality is incompatible with life.

The diagnosis and the attending physician's conclusion must be reached in good faith following a bona fide effort, consistent with standard medical practice and reasonable medical judgment, to determine the health of the fetus. The certification must be signed by the attending physician. A physician who intends to perform or induce an abortion may rely in good faith on a certification from an attending physician if the physician who intends to perform or induce an abortion has a copy of the certification. The certification must be included in the woman's medical records by the physician who intends to perform or induce an abortion.

Correct to: person

Remove language

What is supposed to be "the appropriate time frame? Provide definition

Remove language as it's offensive and invasive

Sherry L. Frizell

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Des Moines, IA 50315

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Greco, Chrissy <chrissy.greco@iowa.gov>

Iowa Abortion Ban is BULLSHIT

1 message

Shirley Vermace <svermace@gmail.com>

Wed, Jan 3, 2024 at 8:17 PM

To: Chrissy.Greco@iowa.gov

This is complete BULLSHIT. Women have the right to bodily autonomy. We make our own decisions about our own bodies. PERIOD. KEEP YOUR LAWS OFF OUR BODIES! You cannot stop women from controlling their own bodies.

Shirley Vermace
Decorah IA
563.419.2999



Greco, Chrissy <chrissy.greco@iowa.gov>

Iowa Board of Medicine proposed rulemaking

1 message

Sue Ravenscroft <sueraven1@gmail.com>

Sat, Dec 23, 2023 at 3:14 PM

To: chrissy.greco@iowa.gov

Dear Ms. Greco,

I have attached a Word file of my response to the Board of Medicine's rulemaking under the authority of House File 732. I would respectfully ask that if you encounter problems retrieving the file you let me know. My email address is sueraven1@gmail.com.

Thank you for your cooperation.

Sue Ravenscroft



IA Board of Medicine.docx

15K

Chrissy Greco
Iowa Board of Medicine
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321

Dear Ms. Greco:

I am writing as a member of the public about the proposed rules submitted by the Iowa Board of Medicine.

As most people know, medical doctors have specific language that often differs from the usage of everyday non-medical speakers. I was surprised to see the phrase “unborn child” used three times in the document under consideration. I went to the Iowa Code 146 (a) to see how the Iowa legislature defines that non-medical term. It is “an individual organism of the species homo sapiens from fertilization to live birth.” I would expect doctors to apply medically appropriate and correct language when they are addressing medical procedures. My understanding is that a zygote becomes an embryo for approximately ten weeks (depending on whether fertilization or last menstruation are considered the start of pregnancy) and then becomes a fetus. The term “unborn child” is not a medical term; it is used for obviously political and emotive purposes. In fact, if you consider the term carefully you realize it creates some legal quagmires. Given that most fertilizations do not result in live births for a large variety of reasons other than abortions, our world is full of non-corporeal “unborn children.” What are those beings according to the law and to your rules? Do these fertilized eggs that have not yet resulted in live birth qualify as “unborn children”? As the law is written, they appear to. I understand the legislature’s purpose is not clarity; but, rather, emotional persuasion. I would expect more of doctors. You need to provide direction, not propaganda.

Secondly, the use of the word “woman” to refer to all pregnant people ignores the highly salient fact that teen-agers and even girls as young as ten can become pregnant. Menarche occurs earlier than it used to. We should not ignore the fact that the medical issues facing a pregnant twelve-year-old girl differ from those facing a 25-year-old woman, but do ignore the possibility of shaping our treatment to individual patient needs by referring to the generic “woman”.

As doctors, your responsibility is to attend to the medical needs of a patient, not to confirm her report of a legal incident. Do doctors really accede to spending this time verifying whether a rape happened within a certain number of days and

refusing medical help if your patient did not report to the authorities in a prescribed time? Does that approach really comport with your training and your oath? Pregnancy is a joy and a privilege if one wants a child. But even then it has a cost. It seriously increases the odds of various medical morbidities; and it is, unfortunately, in our country associated with higher mortality as well. Whether a pregnancy is eagerly sought, or is unwanted, accidental, the result of violence, or can cause health risks to the mother, good medical practice is to focus on and help the patient. The pregnant person is your patient.

Please use good medical terminology and sound medical practice in applying the proposed Iowa code and let your rulemaking reflect those ideals, rather than cravenly complying with a poorly-written law whose purpose is to intrude into the physician-patient relationship and to reduce the choices available to both parties.

Thank you,

Sue Ravenscroft
455 Westwood Drive
Ames, IA 50014

515 268 0294



Greco, Chrissy <chrissy.greco@iowa.gov>

Comment for Iowa Board of Medicine

1 message

Syndy Conger <syndymc67@gmail.com>
To: Chrissy.Greco@iowa.gov

Sat, Dec 30, 2023 at 6:50 PM

The recent Iowa ban on abortion, stayed temporarily by the Iowa Supreme Court, is in effect a complete ban if the current proposed abortion rules go into effect if the law does. Very few victims of rape or prolonged sexual abuse may have the courage or the ability to remember and share intimate details about the nature, frequency and dates of the crimes. Many may be traumatized. Patients' lives will likely be at risk in other ways.

The law and its proposed rules also do not seem to take into account the many ways in which pregnancies can develop complications after the first 6 weeks. Doctors may be unable to help women survive a nonviable pregnancy that could cause their death or the death of their unborn children. The law's implementation as is would take away the ability of women (and families) to make their own health care decisions.

Comments on ARC 7170C

1 message

Thomas O'Donnell <newshound_50309@yahoo.com>
To: "chrissy.greco@iowa.gov" <chrissy.greco@iowa.gov>

Fri, Dec 22, 2023 at 1:52 PM

Dear Ms. Greco,

I'm writing to comment on the proposed new rules before the board of medicine, ARC 7170C.

First, the definition of "standard medical practice" at the bottom of page 2 mentions "the gestational age of the unborn child." "Unborn child" also is used elsewhere in the proposed rule. This is not a clinical term, but a value judgment. A fetus at 6 weeks is not a child, but a mass of cells incapable of survival outside the womb.

Second, as I'm sure you know, the characterization of "heartbeat" at six weeks of pregnancy is incorrect. There is no heart structure that is "beating."

Third, the rules refer to a pregnant woman. This could exclude females under the age of majority. I suggest the more inclusive "female" or modify the rules to read "woman or girl."

Fourth, rules requiring that a physician ascertain the circumstances around a case of rape or incest risk retraumatizing the victim of a heinous crime. A sworn statement testifying that the pregnancy resulted from rape or incest, made under penalty of perjury, is sufficient.

Fifth, doctors aren't detectives. The rules say the doctor should use the facts gathered (at risk of retraumatizing the patient) to determine whether rape or incest exemption applies. This is a nebulous rule that will lead doctors to error on the side of denying an abortion to patients with circumstances that qualify them.

Sixth, will the rules for fetal abnormality allow physicians to make judgments without prosecutors constantly questioning them and putting their licenses at risk? Again, this rule seems intended to discourage abortions except under the most extreme circumstances, i.e., a female patient near death.

Thank you.

Thomas R. O'Donnell
26849 South St.
Keosauqua, IA 52565



Greco, Chrissy <chrissy.greco@iowa.gov>

Fetal Heartbeat rule

1 message

tomwhite@southslope.net <tomwhite@southslope.net>
To: chrissy.greco@iowa.gov

Thu, Dec 14, 2023 at 2:16 PM

There cannot be a “heartbeat” from an embryo at 6 weeks of gestation. A heartbeat requires formed, competent heart valves in order for that sound to be made. Those valves are not present at 6 weeks of gestation. That sound heard during an ultrasound examination does not originate in the heart. Any sound heard from an ultrasound examination is an artificial sound created by that ultrasound machine based on the detection of moving fluid in the embryonic heart. Any movement of blood in the embryo’s cardiac tissue is the result of the mother’s heart pulsing and pushing blood through that embryo’s tissues. While that embryo may exhibit some amount of spontaneous cardiac muscle movement, that movement does not constitute a coordinated, pulsing heart.

Thomas White
North Liberty, Iowa



Greco, Chrissy <chrissy.greco@iowa.gov>

Abortion Rights

1 message

CL Tel Email <snelling@cltel.net>

Wed, Jan 3, 2024 at 6:50 PM

To: chrissy.greco@iowa.gov

I am writing to say that abortion is healthcare and a 6 week ban is wrong.

Many women don't even know they are pregnant within 6 weeks. To try and put a time restriction on healthcare is absurd. There are many reasons, complications for needing an abortion and you just can't know or understand unless you or someone you know has had to deal with such difficult and often heartbreaking decisions.

A ban will continue to jeopardizes the lives of women. And, as for rape or incest victims it is beyond my understanding why anyone would penalize them with such restrictions. That's just abhorrent.

Women should be making decisions for their healthcare with the help from their doctors. No one else.
NO ONE ELSE.

A 6 week van is wrong. So much about all of this is wrong.

Wendy Snelling
Clear Lake

Sent from my iPhone