

Special Audio Report Transcript

Headline: State's Proposed Scope-of-Practice Changes
Designed To Expand Access to Abortions

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Text:

At a time when a number of states are restricting access to abortions, California is considering doing just the opposite. This is a special report for *California Healthline*, a daily news service of the California HealthCare Foundation. I'm Kenny Goldberg.

A measure making its way through the California Assembly would expand the scope of practice for nurse practitioners, certified nurse-midwives and physician assistants -- allowing them to use a non-surgical procedure to perform a particular type of abortion. The procedure is called aspiration, and it's used to terminate a pregnancy within the first trimester.

Right now, women in underserved areas often need to travel long distances for this kind of abortion. The not-for-profit ACCESS Women's Health Justice gives financial help to those women.

(Harris): "Often, our callers are low-income, so it's just like it's really difficult to sort of figure out all the different challenges, and can often delay care for weeks."

Sierra Harris is the group's assistant director. She believes access to abortions shouldn't depend on someone's ZIP code.

(Harris): "I think a lot of people think that getting an abortion in California is easy. But there are many, many communities in California that lack access to care, and they cannot get what they need."

Camille Giglio is president of the California Right To Life Committee. She says there's ample access to abortions in the state. Giglio believes supporters of the measure aren't taking into account the risks of allowing non-physicians to perform these procedures.

(Giglio): "This bill makes it appear that this is a very minimal procedure, something akin to removing moles from your skin or something, and allows it to be done by lesser-qualified medical personnel, who may have little more than six weeks experience and"

training in how to perform abortions, making it, therefore, far more dangerous to women's health outcomes."

What's more, Giglio says, the bill promotes abortion, in a way, by increasing the number of providers who can perform them.

(Giglio): We took abortions out of the back alleys because of all the complications. Yet it seems like we're now turning it back to the back-alley type situation, where a woman will receive an abortion by a poorly-trained financially motivationally driven practitioner of abortion."

UC-San Francisco researchers recently published a five-year study -- analyzing more than 8,000 procedures -- to investigate the safety of aspiration abortions. The study compared outcomes of aspirations performed by non-physician practitioners with those done by doctors.

(Weitz): "We found that their safety outcomes were the same."

UCSF Associate Professor Tracy Weitz led the study.

(Weitz): "Both had a complication rate of less than 2%, which was significantly lower than had been in the published literature before, suggesting that first-trimester abortion is even safer than we once thought. So, both had the same outcomes, both were very safe, and the sample size was large enough to be able to say that definitively."

California isn't the first state to consider allowing non-physician practitioners to perform early abortions. Four other states -- Montana, Oregon, New Hampshire and Vermont -- already permit it. But California would be the most populous state by far to adopt the practice.

San Diego Assembly member Toni Atkins is the author of AB 154. She said that if outcomes have proven to be safe, then what's really at issue here is access -- or lack of access -- to health care.

(Atkins): "This is a very simple medical procedure. What's made it seem otherwise is the political controversy."

And that political controversy continues to swirl.

So far this year, five states have passed laws restricting abortion rights. North Dakota has virtually outlawed the practice, by banning abortions once a fetal heartbeat is detected, which can be as early as six weeks.

Atkins says her law doesn't decide the emotionally charged issue of abortion as much as it adjusts health care policy to expand availability of care.

(Atkins): "You really have to focus on the fact that it is a medical service that is legal and should be provided, that is medically pretty simple. And we have a responsibility to ensure that access."

This has been a special report for *California Healthline*, a daily news service of the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at CHL@CHCF.org. I'm Kenny Goldberg. Thanks for listening.