

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

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July 11, 2008

Ms. Stephanie Toti
Staff Attorney, Domestic Legal Program
Center for Reproductive Rights
120 Wall Street, 14th Floor
New York, NY 10005

RE: Advisory Opinion Concerning the Minimum Training Requirements for
First-Trimester Abortion Providers

Dear Ms. Toti:

The Louisiana State Board of Medical Examiners ("the Board") has reviewed your letter dated March 11, 2008, with enclosures, that stated a request by the Hope Medical Group for Women ("Hope") for an advisory opinion concerning the minimum training requirements for first-trimester abortion providers.

As you know, the Board is an agency created by Louisiana law, whose duties include, among other things, examining all applicants for the practice of medicine in Louisiana, issuing licenses or permits to those possessing the necessary qualifications to practice medicine, and taking appropriate administrative actions to regulate the practice of medicine in Louisiana.¹ The Board does not, however, credential physicians to perform certain procedures and generally does not evaluate the training of a physician except where the training is relevant to one of the Board's statutorily mandated duties, such as the evaluation of malpractice reports, the investigations of complaints, or upon request by a licensee or the public. Therefore, while the Board is pleased to respond to Hope's request for an advisory opinion, the statements herein should not be construed as a "rule" or "regulation" of the Board, but should only be taken as the Board's considered opinion in response to an inquiry from the public.

The Board recognizes that most first-trimester abortions are performed without serious complications.² Nevertheless, the verification of gestational age, the use of anesthesia, and the introduction and manipulation of instruments in the pregnant uterus

¹ La. R.S. 37:1270(A)(1).

² Hakim-Elahi, et al., Complications of First-Trimester Abortion: A Report of 170,000 Cases, OBSTETRICS AND GYNECOLOGY, Vol.. 76, No. 1 (July 1990), 129-135.

do present risks to patients such as pelvic infection, incomplete abortion, blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the uterus wall, anesthesia-related complications, and others.³ Some of these complications, if they occur, may present immediate, life-threatening conditions for the patient and may compromise future childbearing. The risk of complications increases with gestational age. Accordingly, when considering the level of training appropriate for abortion providers, the Board believes it is important to ensure the physician has the technical skills necessary to perform surgical abortions, as well as sufficient knowledge and experience to recognize and address complications from the procedure.⁴

With that background, and in response to the specific questions in your letter about the level of training expected of physicians who perform first-trimester surgical abortions, we offer the following:

1. It is the Board's opinion that a physician who has completed a residency program in obstetrics and gynecology that is approved by the American Council of Graduate Medical Education ("ACGME") or American Osteopathic Association ("AOA") has achieved an acceptable level of training to safely perform first trimester surgical abortions. Further, a physician who has completed an ACGME or AOA approved residency, and who has received training in the performance of surgical abortions or other gynecologic surgery, including suction dilatation and curettage (D&C) in that residency, would be deemed to have sufficient training. The Board likewise believes that a physician who is credentialed by a hospital accredited by the Joint Commission on the Accreditation of Hospital Organizations ("JCAHO") to perform gynecologic surgical procedures has demonstrated sufficient training to safely perform first-trimester surgical abortions.

2. A physician who does not have the certification, training, or credentials described above would bear a heavier burden to be deemed competent. Such a physician may be considered to have sufficient training to perform first-trimester surgical abortions provided he or she has completed an ACGME or AOA approved residency in one of the internal medicine specialties, general surgery or one of the surgical specialties, or family medicine, and has obtained appropriate educational and clinical training in performing abortions, where he or she has demonstrated the knowledge, skills, and ability required to perform the procedures. Such a physician should be able to provide documentation relating to this training and demonstration of competence. The physician's training should employ a well-developed curriculum⁵ with both didactic and clinical components, that is overseen and administered by an ACGME or AOA approved training program or an organization or entity regularly utilized by an

³See *Abortion: A Decision*, published by the Louisiana Department of Health and Hospitals in compliance with La. R.S. 40:1299.35.6 (Act 648, 1995), at 16-17.

⁴See 2008 Clinical Policy Guidelines, National Abortion Foundation, page 1 ("All personnel performing abortions must receive training in the performance of abortions and in the prevention, recognition and management of complications").

⁵ See, e.g., *Early Abortion Training Workbook*, published by the Center for Reproductive Health Research & Policy.

ACGME or AOA approved training program for training in the performance of abortions.

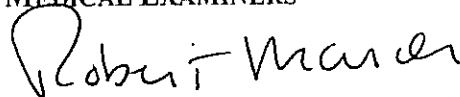
3. In the Board's opinion, it would be acceptable for a physician who has been trained to perform abortions as described in paragraph 1 above to train another physician to perform them, provided that such training occurred in the kind of setting described in paragraph 2 above.

4. Regarding medical abortions, a physician who prescribes medications to cause an abortion should have sufficient education and training to allow him or her to make an accurate determination of gestational age as well as to understand the indications, contraindications and complications of the intervention and be able to assess the outcome and deal effectively with the complications, including recognition and referral to a competent provider for further care if needed. So while a physician who performs medical abortions need not possess competence in performing the procedures of surgical abortion, he or she should have the other education and training described in paragraphs 1 or 2 above, insofar as such education and training relates to medical abortions.

The foregoing represents the Board's considered opinion after careful review and discussion. The Board recognizes that there may be instances where physicians would be deemed competent to perform first trimester medical or surgical abortion, even though they do not have the education, training, experience, and credentials described above. The competence of such physicians would, of course, be evaluated based on their own individual background, experience, and training.

Very truly yours,

**LOUISIANA STATE BOARD OF
MEDICAL EXAMINERS**



Robert L Marier, M.D.
Executive Director