



April 24, 2012

VIA ELECTRONIC MAIL AND FEDERAL EXPRESS

The Honorable Mark Dayton
Governor of Minnesota
130 State Capitol
75 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

Re: House Bill 2341

Dear Governor Dayton:

The Center for Reproductive Rights strongly opposes House Bill 2341, which would seriously reduce Minnesota women's access to important health care, particularly women in rural areas and low-income women. This bill raises serious health policy concerns, as well as constitutional concerns under the Minnesota Constitution, and the Center for Reproductive Rights urges you to veto this measure.

The Center for Reproductive Rights is a non-profit advocacy organization that seeks to advance reproductive freedom as a fundamental human right. A key part of our mission is ensuring that women throughout the United States have meaningful access to high-quality, comprehensive reproductive health care services. In furtherance of our mission, we have litigated cases all over the United States that secure the rights of women to have safe and legal abortions, including in Minnesota. In light of our background and experience, we believe that House Bill 2341 would eliminate a critical entry point into the health care system for low-income and rural women.

House Bill 2341 would prohibit the provision of medication abortion using telemedicine. Telemedicine has become a critical delivery method for health care in rural areas and to low-income individuals, and enhances the quality of medical care for many Minnesotans. Telemedicine allows patients who might otherwise be unable to consult with physicians or specialists to meet with a physician through a secure connection, in the presence of licensed medical staff. By utilizing this technology, telemedicine helps address the significant health disparities that exist between patients living in rural and urban areas, and between those who can afford to travel and those who cannot. In fact, telemedicine has been such an important advance in the expansion of access to health care that the federal department of Health and Human Services has created an Office for the Advancement of Telehealth, part of the Office of Rural Health Policy, which "promotes the use of telehealth technologies for health care delivery,

education, and health information services . . . to [help] assure quality health care for underserved, vulnerable, and special needs populations.”¹

Telemedicine is an important means of expanding access to health care services, including access to safe, legal medication abortion for rural and low-income women.² Medication abortion is a safe and effective method of early abortion that is provided through the administration of medications rather than surgery. Through telemedicine, a rural patient may visit a local health clinic and be examined by local health care professionals, then talk with a physician working remotely who can review her health records, answer her questions and provide the medication abortion while an on-site health care professional remains in the room to provide additional care. Medication abortion is the preferable method for some women because of deeply held and personal reasons, such as victims of rape or sexual assault who may choose a procedure using medications alone rather than having an invasive surgical procedure, and for other women because it allows them to experience pregnancy loss in the privacy of their home. Moreover, there are some women for whom medication abortion is a safer procedure, such as women with certain uterine anomalies.

Medical research has found that providing medication abortion through telemedicine is safe, effective, and highly acceptable among women.³ However, this bill would cut off this safe option for women in Minnesota, including many who lack transportation or could not afford to travel potentially hundreds of miles to obtain an abortion. This bill would disproportionately harm poor women, the very people for whom reproductive health care services can have the most vital consequences. Rather than improve the quality of women’s health care in Minnesota, House Bill 2341 would place unnecessary barriers to obtaining needed reproductive health care services.

Moreover, because this bill effectively targets low-income and rural women and could impose a burden on their ability to seek constitutionally protected health care, this bill raises serious concerns under the Minnesota Constitution. The state constitution has been interpreted to broadly protect the right to privacy, including “a woman’s right to decide to terminate her pregnancy,” which is a “decision . . . of such great import that it governs whether the woman will undergo extreme physical and psychological changes and whether she will create lifelong attachments and responsibilities.”⁴ The Minnesota Supreme Court has held that “any legislation infringing on the decision-making process . . . violates this fundamental right.”⁵ Moreover, the Court has recognized that “Minnesota possesses a long tradition of affording persons on the

¹ United States Department of Health and Human Services, Health Resources and Services Administration, Telehealth, <http://www.hrsa.gov/ruralhealth/about/telehealth/> (last visited April 24, 2012).

² In fact, the American Congress of Obstetrics and Gynecology has urged its members to “encourage and participate in efforts to utilize effective telemedicine technologies to expand and improve services for rural women,” including to improve access to abortion. ACOG Committee Opinion, Health Care Disparities for Rural Women, March 2009, available at http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underprivileged_Women/Health_Disparities_for_Rural_Women.

³ Daniel Grossman, et al., *Effectiveness and Acceptability of Medical Abortion Provided through Telemedicine*, *Obstetrics and Gynecology* 2011; 118: 296-303.

⁴ *Doe v. Gomez*, 542 N.W.2d 17, 27 (Minn. 1995).

⁵ *Id.* at 31.

periphery of society a greater measure of government support and protection than may be available elsewhere,” including “on behalf of the poor, the ill, the developmentally disabled and other persons largely without influence in society.”⁶ Rather than protecting those “on the periphery of society,” House Bill 2341 attempts to prevent those without resources from accessing abortion, potentially violating their right to privacy under the state Constitution.

In light of the serious impact this bill would have on the most vulnerable women in Minnesota and the potential constitutional problems raised by the bill, we strongly urge you to veto this legislation. Please do not hesitate to contact us if you would like further information.

Sincerely,



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**Admitted in New York and New Jersey*

⁶ *Id.* at 30; *see also State v. Wicklund*, 589 N.W.2d 793, 799-800 (Minn., 1999).